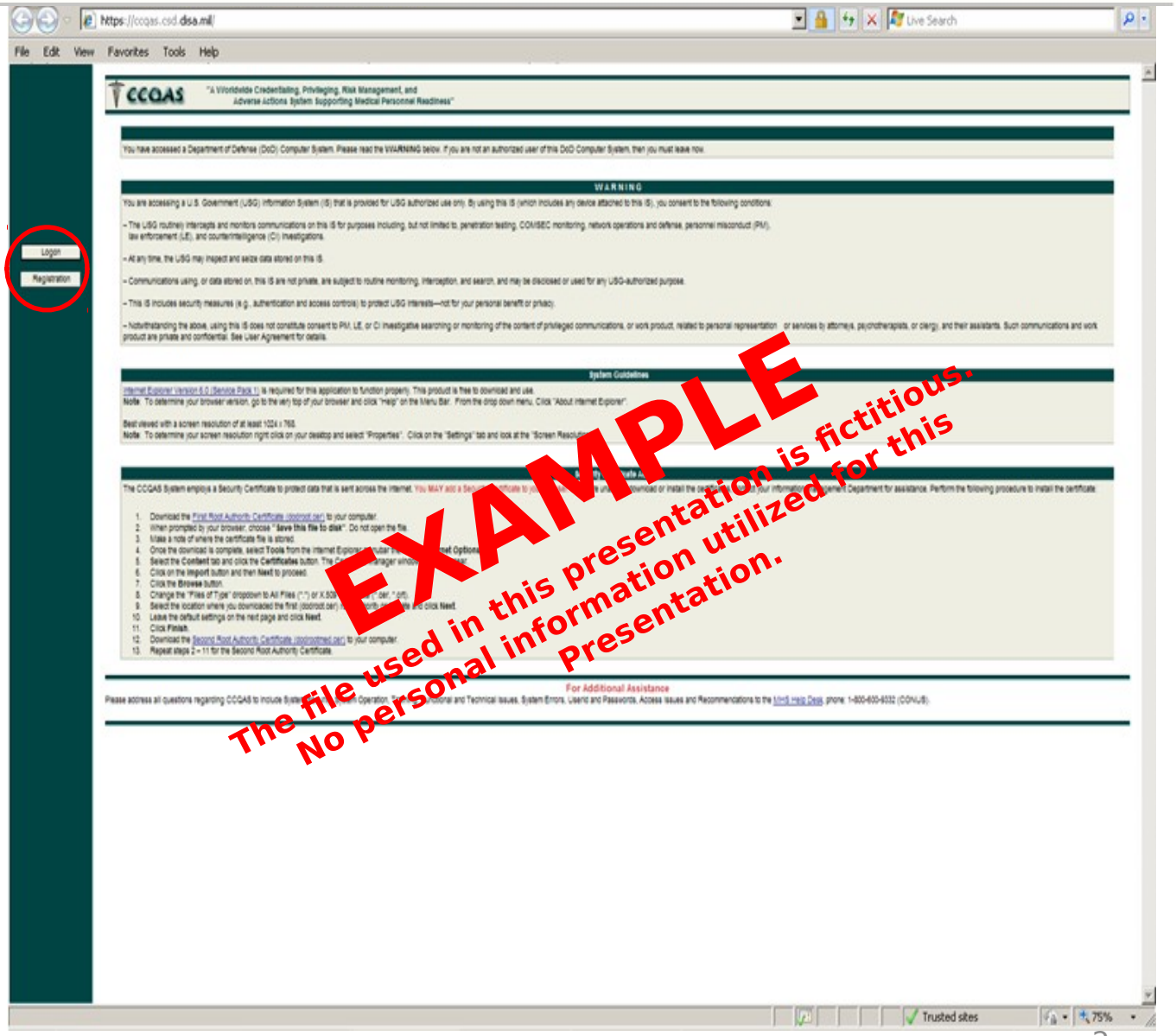
PRIVILEGED PROVIDERS ELECTRONIC APPLICATION

INSTRUCTIONS FOR PROVIDER TO COMPLETE ELECTRONIC APPLICATION

WELCOME TO CCQAS!

Once registered, logging in CCQAS will require a Common Access Card (CAC). The CAC can be obtained by contacting local Personnel Offices. Providers should contact their NOSC for additional information.



Providers Work List

Top 3 Sections

My Application

Current assigned task

System

Change Password (disregard)

Submit Trouble Ticket

(New page will open)

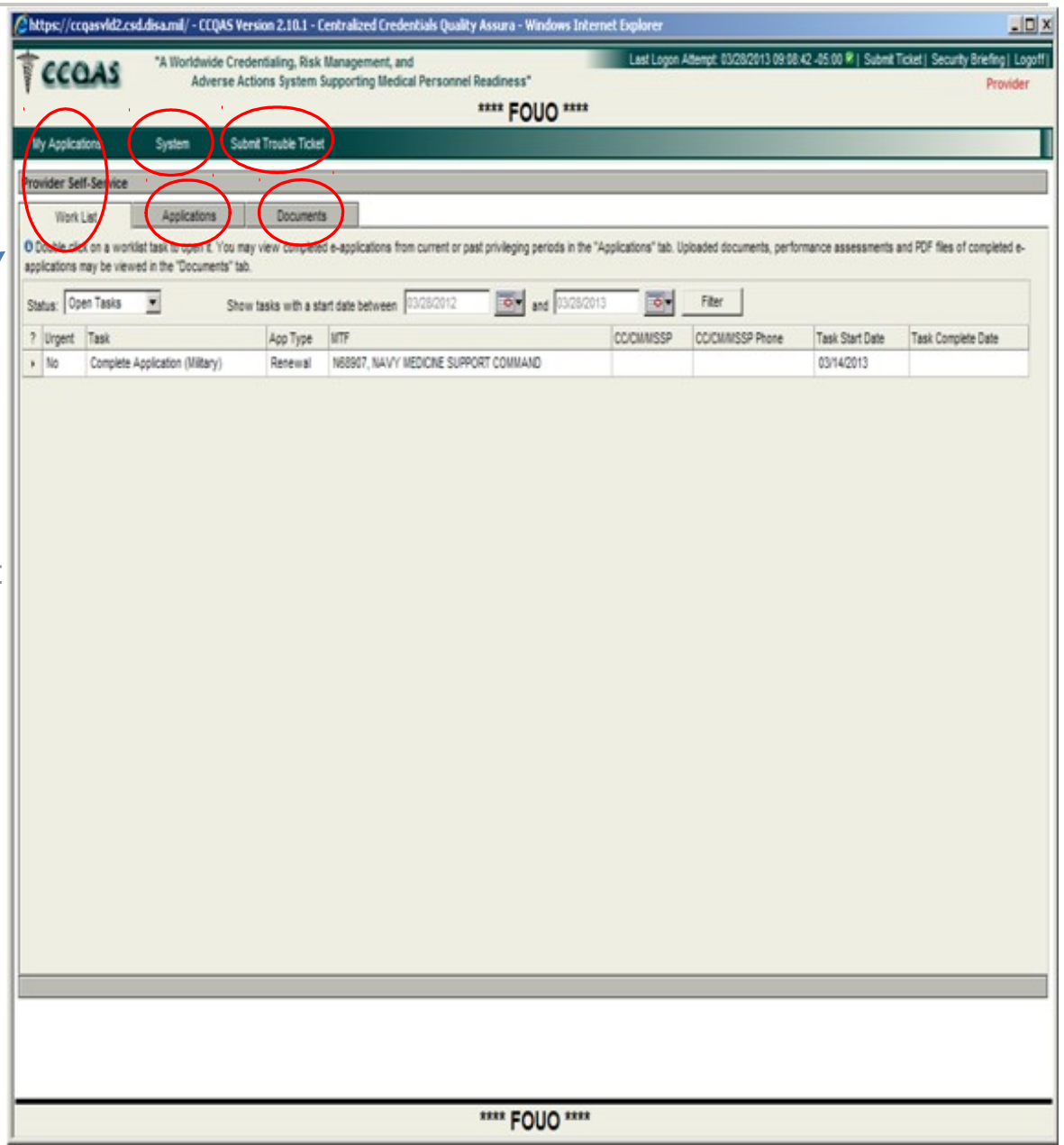
<u>Three Tabs below</u>

Provider Self- Service : Current assigned task

-**Work List** (Renewals, ICTBs, PCSs)

-**Applications** (contain Pending tasks & Completed tasks)

- **Documents** may be uploaded/system will update the Credentials Record.

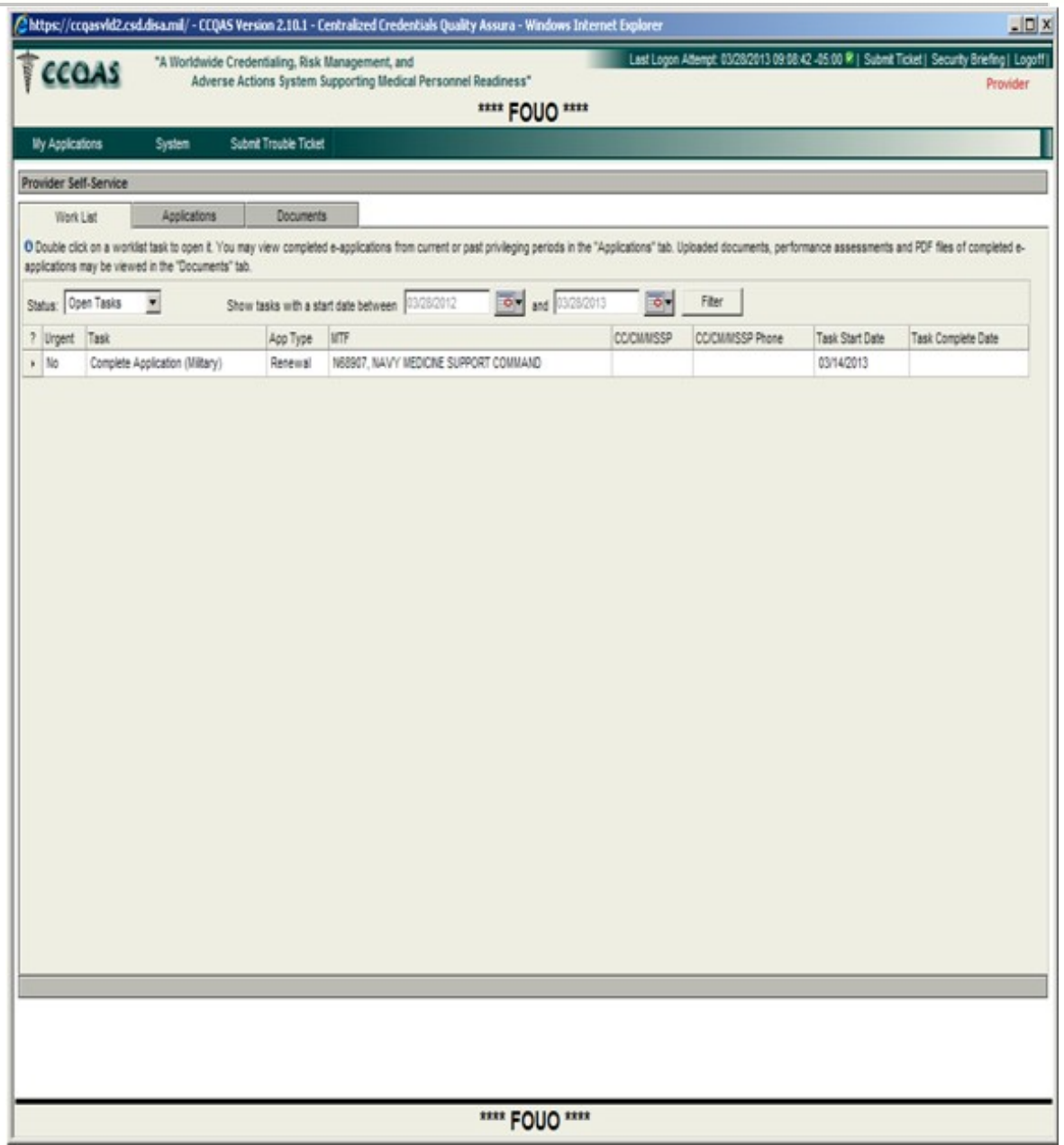

https://ccqasvld2.csd.disa.mil/ - CCQAS Version 2.10.1 - Centralized Credentials Quality Assura - Windows Internet Explorer
CCQAS
"A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"
Last Logon Attempt: 03/28/2013 09:08:42 -05:00 | Submit Ticket | Security Briefing | Logoff |
Provider
**** FOUO ****
My Applications
System
Submit Trouble Ticket
Provider Self-Service
Work List
Applications
Documents
Status: Open Tasks
Show tasks with a start date between 03/28/2012 and 03/28/2013
Filter
? Urgent Task App Type MTF CC/CM/MSSP CC/CM/MSSP Phone Task Start Date Task Complete Date
No Complete Application (Military) Renewal N68907, NAVY MEDICINE SUPPORT COMMAND 03/14/2013
**** FOUO ****

Let's get started:

Step 1:

Work List Tab - Double Click the first task. You may also use the right mouse button to Open the application.

NOTE: Once an electronic application has been submitted, it will appear in the Application section in a pending status.

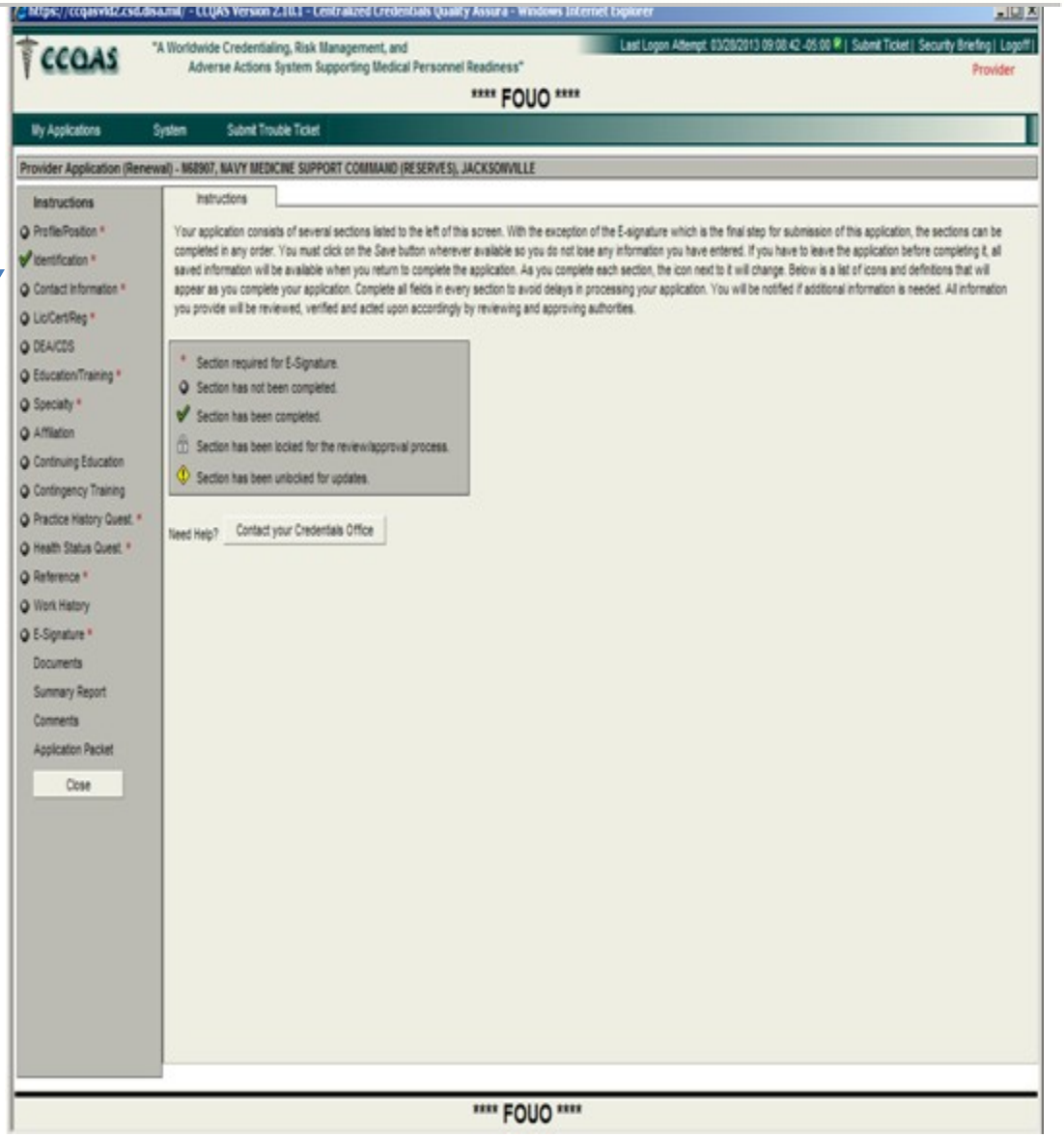

https://ccqasvld2.csd.disa.mil/ - CCQAS Version 2.10.1 - Centralized Credentials Quality Assura - Windows Internet Explorer
CCQAS
"A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"
Last Logon Attempt: 03/28/2013 09:08:42 -05:00 | Submit Ticket | Security Briefing | Logoff |
Provider
**** FOUO ****
My Applications
System
Submit Trouble Ticket
Provider Self-Service
Work List
Applications
Documents
Double click on a worklist task to open it. You may view completed e-applications from current or past privileging periods in the "Applications" tab. Uploaded documents, performance assessments and PDF files of completed e-applications may be viewed in the "Documents" tab.
Status: Open Tasks
Show tasks with a start date between 03/28/2012 and 03/28/2013
Filter
? Urgent Task App Type MTF CC/CM/MSSP CC/CM/MSSP Phone Task Start Date Task Complete Date
No Complete Application (Military) Renewal N68907, NAVY MEDICINE SUPPORT COMMAND 03/14/2013
**** FOUO ****

Application

Step 2: The Electronic Application

The Gray Menu at left contains sections required to complete & successfully submit your Application.

Most Reserves Applications are renewals and may have green check marks which represent pre-populated information from the Credential Record.


CCQAS
"A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"
Provider
**** FOUO ****
My Applications
System
Submit Trouble Ticket
Provider Application (Renewal) - M68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE
Instructions
Profile/Position *
Identification *
Contact Information *
Lic/Cert/Reg *
DEA/CDS
Education/Training *
Specialty *
Affiliation
Continuing Education
Contingency Training
Practice History Quest. *
Health Status Quest. *
Reference *
Work History
E-Signature *
Documents
Summary Report
Comments
Application Packet
Close
Your application consists of several sections listed to the left of this screen. With the exception of the E-signature which is the final step for submission of this application, the sections can be completed in any order. You must click on the Save button wherever available so you do not lose any information you have entered. If you have to leave the application before completing it, all saved information will be available when you return to complete the application. As you complete each section, the icon next to it will change. Below is a list of icons and definitions that will appear as you complete your application. Complete all fields in every section to avoid delays in processing your application. You will be notified if additional information is needed. All information you provide will be reviewed, verified and acted upon accordingly by reviewing and approving authorities.
* Section required for E-Signature.
Section has not been completed.
Section has been completed.
Section has been locked for the review/approval process.
Section has been unlocked for updates.
Need Help?
Contact your Credentials Office
**** FOUO ****

NOTE: All sections with a red lettering/ asterisk * are **required fields** to be completed before the system allows continuance . The Save Button must selected EACH time to move forward with the application.

Gray Key/Menu

Section required for E-Signature

Section has not been completed

Section has been completed

Section has been locked for the review/approval process

Section has been unlocked for updates

ofile & Position TABS

Step 3: Profile

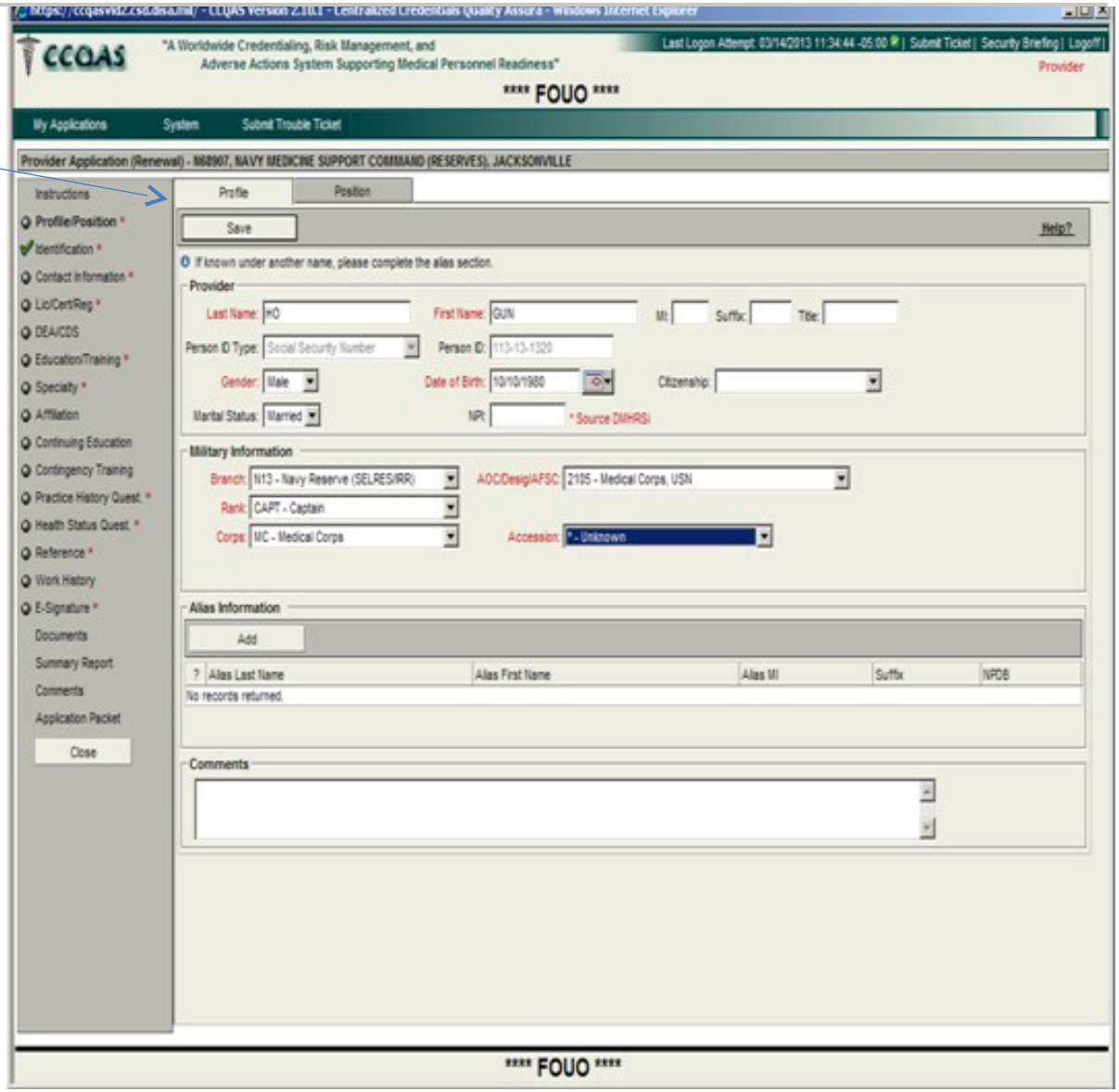
Provider
Verify & ensure information is correct.
Name
SSN
Marital Status
Citizenship

Military Information
Branch: N13 – Navy Reserves (SEL/RES/IRR)
AOC/Desig/AFSC: (as appropriate)
Rank : (as appropriate)
Corps : (as appropriate)
Accession : (as appropriate)

Alias Information
Add as applicable

Comments:
Add as applicable

NOTE: The majority of the profile section will be pre-populated. The Save Button must be depressed EACH time to move forward with the application.



Tab

Step 4: Position

"Privileged" providers are required to apply for privileges (i.e. Physician, Allied Health, Dentist and Nurse Practitioners)

Provider Category – Dropdown menu & select Click arrow and select Provider Category

Are you requesting privileges at this time – Select **Yes** button

Type of Privileges Requested - Select **Regular**

Type of Appointment Requested – Select **Active**

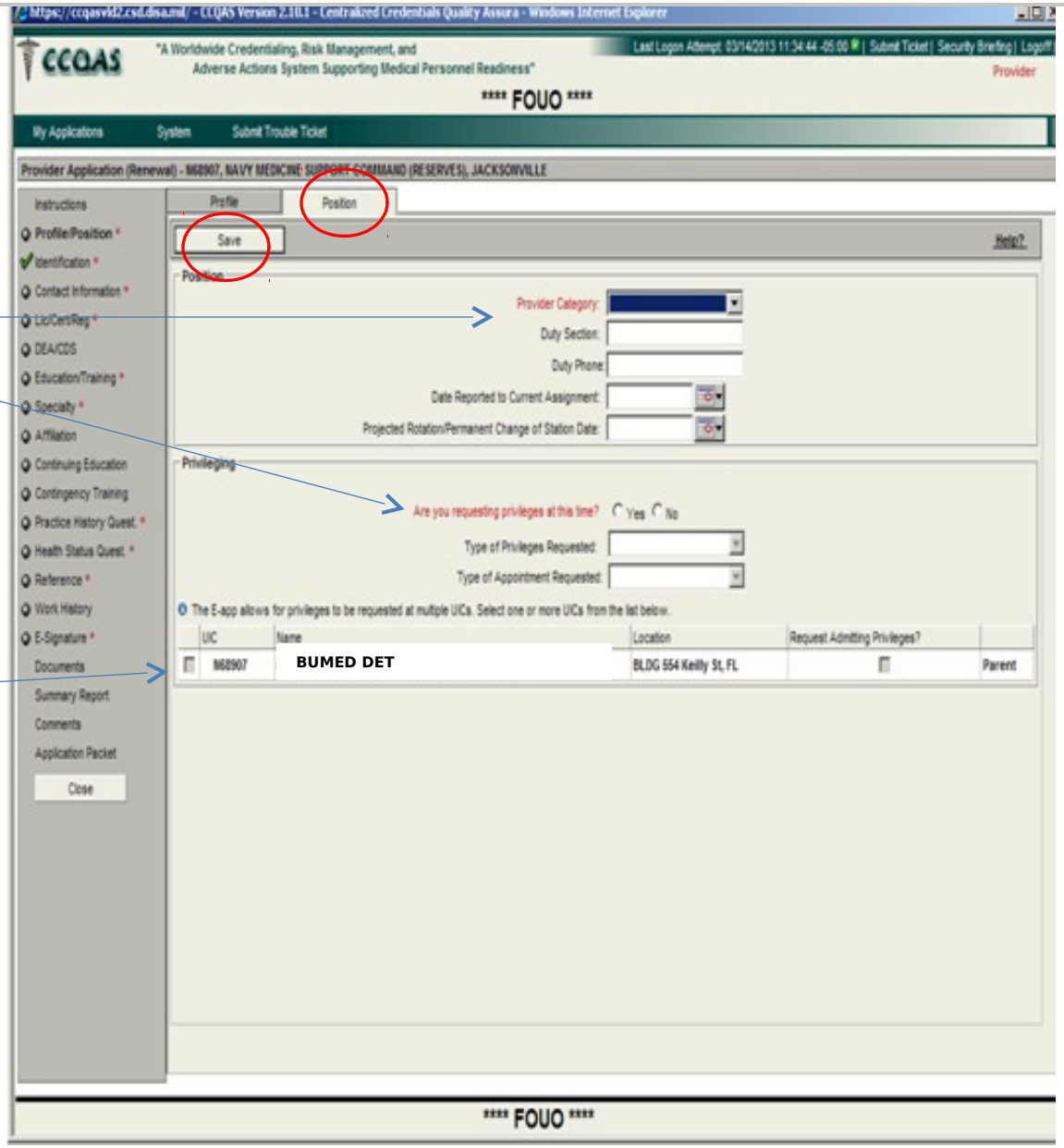
NOTE: If this is your first application Select Initial Active

Check the box adjacent to the existing UIC (i.e. N68907)

Click the Save button top left.

Upon completion the system will automatically add a Privileging tab to the left in the Grey Menu – next page

NOTE: All sections with a red asterisk * are **required fields** to be completed before the system allows continuance. The Save Button must be depressed EACH time to move forward with the application.

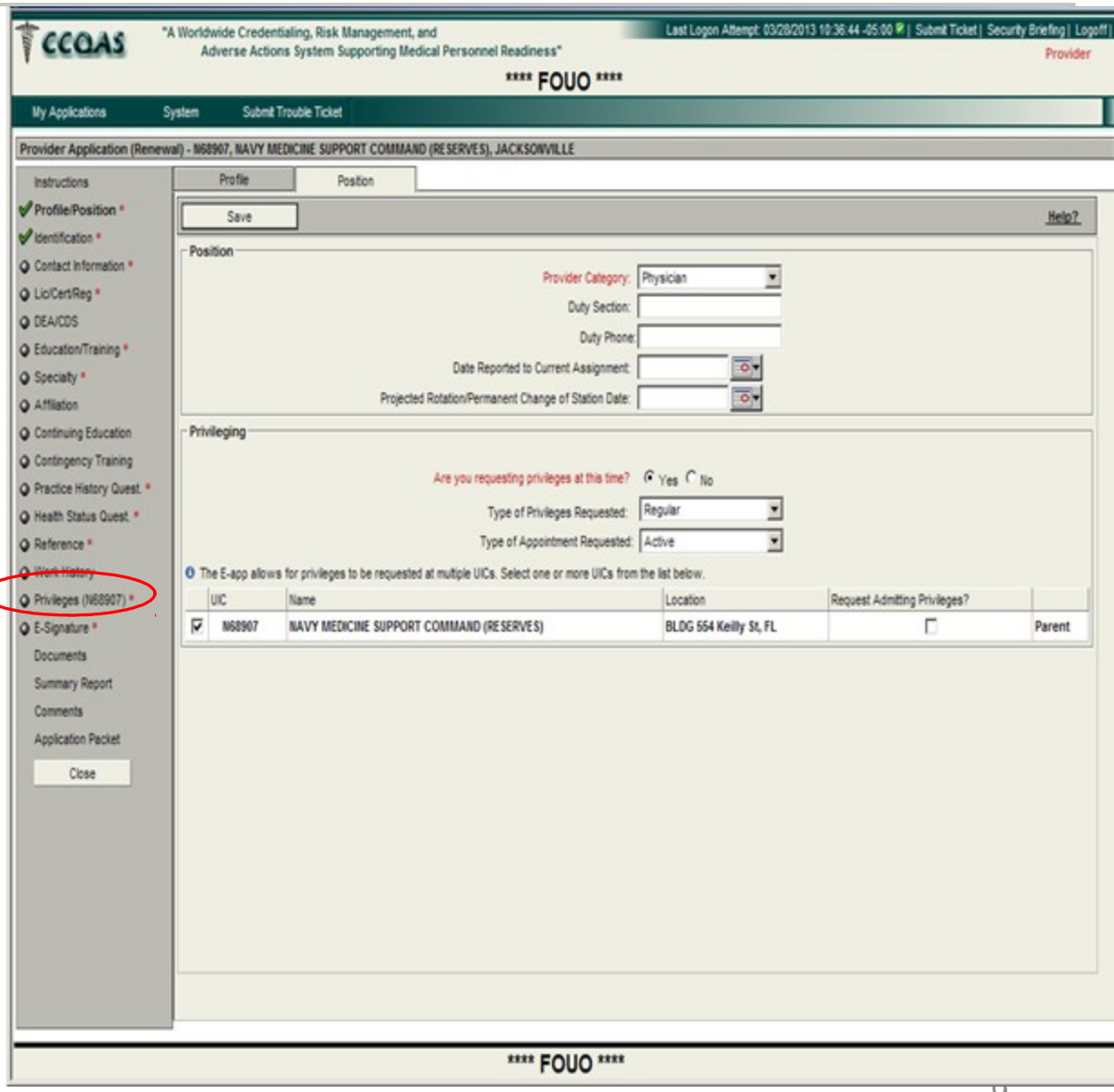


Position Tab

Privileges

Repeat: Upon completion the system will automatically add a Privileging tab in the Grey Menu.

NOTE: The Save Button must be depressed EACH time to move forward with the application.



EXAMPLE:
Providers Privileging Category For Physician

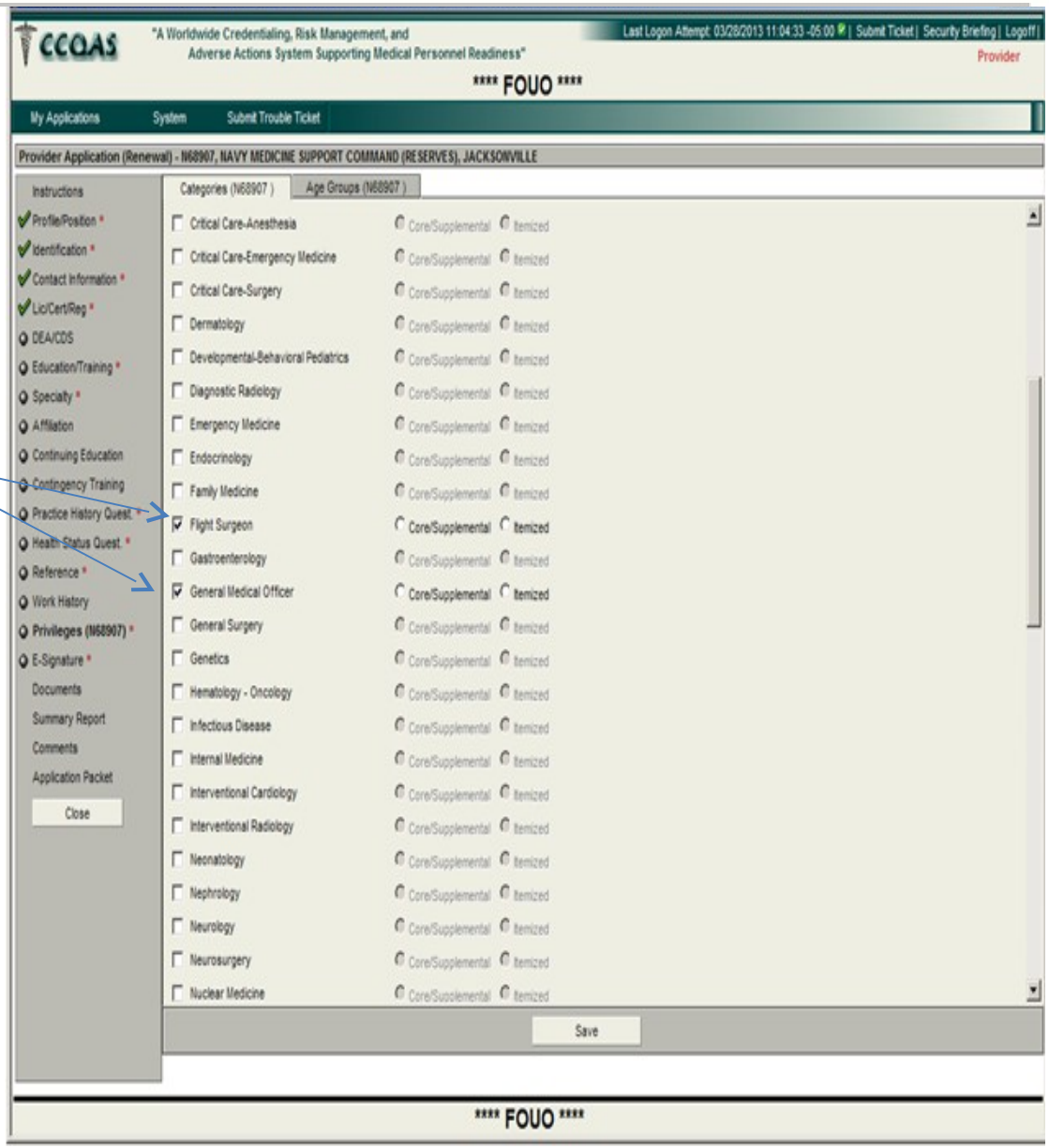
Step 5:

Providers will select Specialty specific.

Scenario example: Physician selected 2 Specialties Flight Surgeon and General Medical Officer, clicks Core/Supplemental (Itemized only used for Army and Air Force

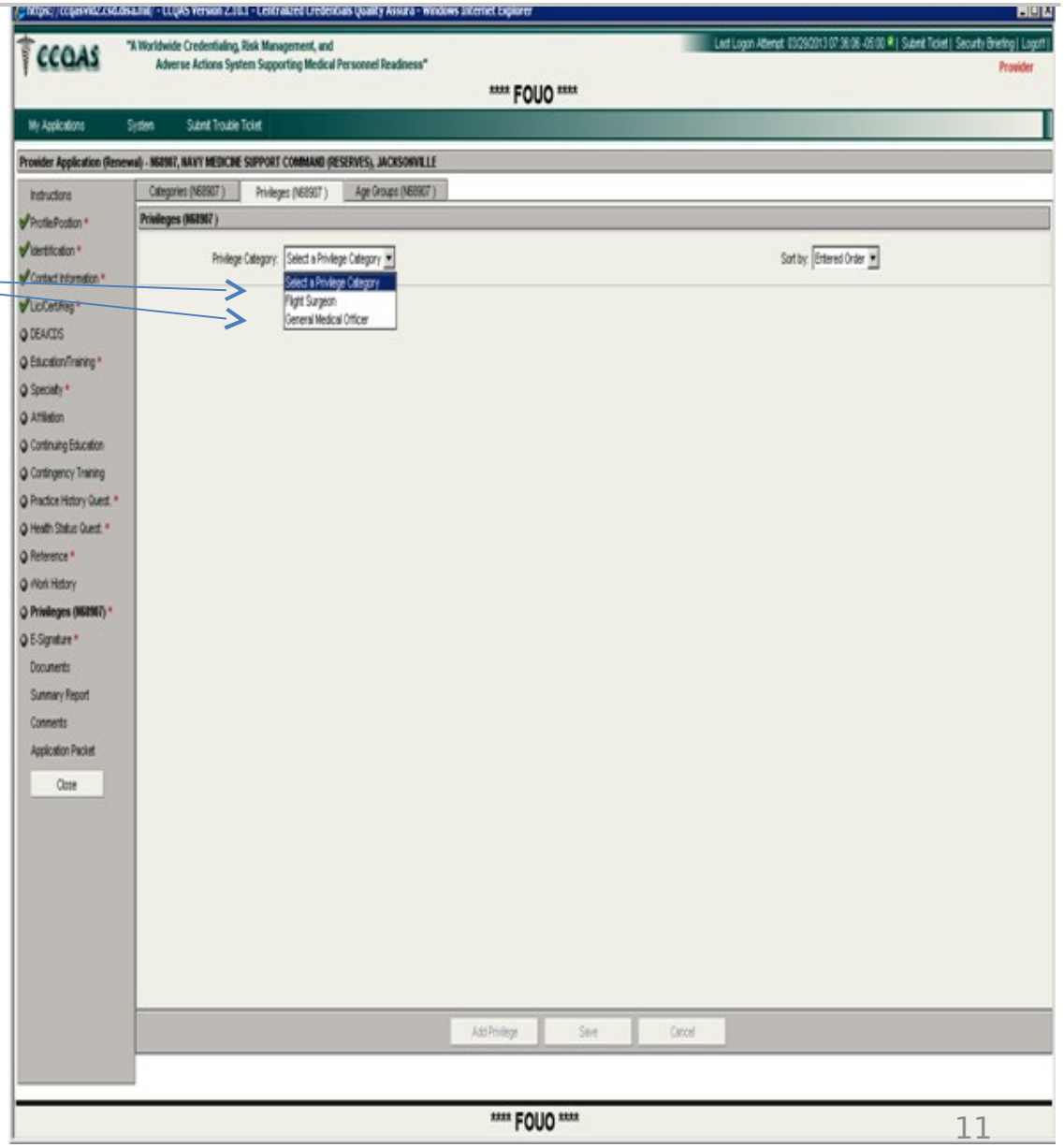
Once Specialties are selected **click** the **Save** at the bottom of the page.

NOTE: If the Save button at bottom is NOT visible, check screen settings by holding the CTRL KEY and typing the (+) or (-) button at top of keyboard. This will cause the CCQAS program screen to enlarge or reduce in size.



Step 6: Privileges

Once the Save button has been depressed **click** each privilege separately.



NOTE: Age Group field NOT APPLICABLE for Navy providers. However, some Military Treatment Facilities may require this information.

EXAMPLE:

Providers Privileging Category For Physician

Flight Surgeon Core Privileges

Step 7: Core Privileges

Navy Reserves will **ONLY** grant "**CORE**" Privileges. Core Privileges can be identified by a red **(C)** adjacent to the Core Privilege definition.

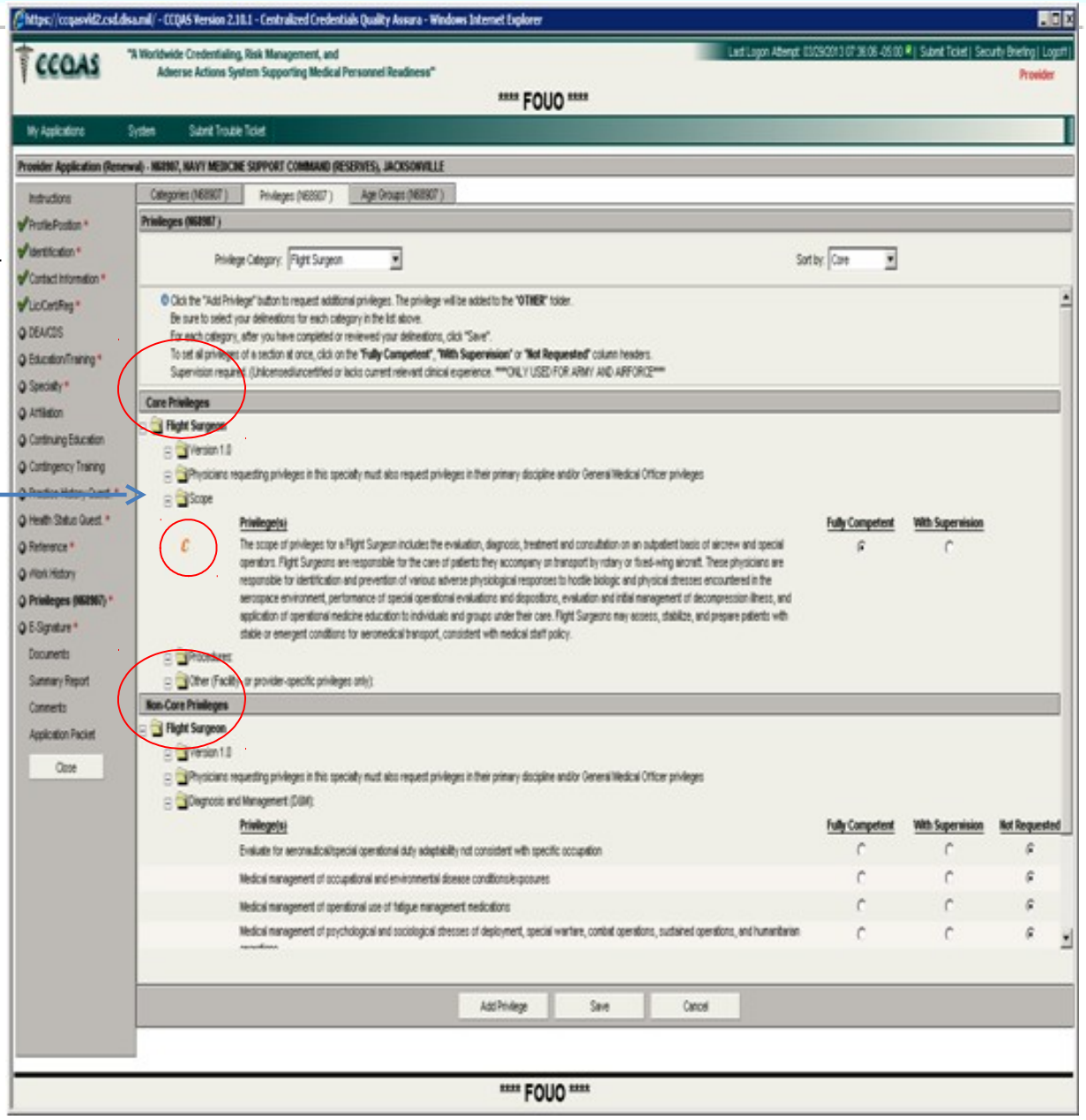
These MUST ALL BE MARKED "FULLY COMPETENT"

ALL "Non-Core" Privileges must be marked "Not Requested"

NOTE:

"With Supervision" should **NEVER** be checked.

Click **Save** or if applicable Add Privilege or Cancel


CCQAS
"A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"
**** FOUO ****
My Applications
System
Submit Trouble Ticket
Provider Application (Renewal) - M68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE
Instructions
Profile/Position *
Identification *
Contact Information *
Lic/Cert/Reg *
DEA/CDS
Education/Training *
Specialty *
Affiliation
Continuing Education
Contingency Training
Health Status Quest. *
Reference *
Work History
Privileges (M68907) *
E-Signature *
Documents
Summary Report
Comments
Application Packet
Close
Categories (M68907)
Privileges (M68907)
Age Groups (M68907)
Privileges (M68907)
Privilege Category: Flight Surgeon
Sort by: Core
Click the "Add Privilege" button to request additional privileges. The privilege will be added to the "OTHER" folder.
Be sure to select your delineations for each category in the list above.
For each category, after you have completed or reviewed your delineations, click "Save".
To set all privileges of a section at once, click on the "Fully Competent", "With Supervision" or "Not Requested" column headers.
Supervision required. Unlicensed/uncertified or lacks current relevant clinical experience. ***ONLY USED FOR ARMY AND AIRFORCE***
Core Privileges
Flight Surgeon
Version 1.0
Physicians requesting privileges in this specialty must also request privileges in their primary discipline and/or General Medical Officer privileges
Scope
Privilege(s)
Fully Competent
With Supervision
The scope of privileges for a Flight Surgeon includes the evaluation, diagnosis, treatment and consultation on an outpatient basis of aircrew and special operators. Flight Surgeons are responsible for the care of patients they accompany on transport by rotary or fixed-wing aircraft. These physicians are responsible for identification and prevention of various adverse physiological responses to hostile biologic and physical stresses encountered in the aerospace environment, performance of special operational evaluations and dispositions, evaluation and initial management of decompression illness, and application of operational medicine education to individuals and groups under their care. Flight Surgeons may access, stabilize, and prepare patients with stable or emergent conditions for aeromedical transport, consistent with medical staff policy.
Procedures
Other (Facility or provider-specific privileges only)
Non-Core Privileges
Flight Surgeon
Version 1.0
Physicians requesting privileges in this specialty must also request privileges in their primary discipline and/or General Medical Officer privileges
Diagnosis and Management (D&M)
Privilege(s)
Fully Competent
With Supervision
Not Requested
Evaluate for aeronautical/special operational duty adaptability not consistent with specific occupation
Medical management of occupational and environmental disease conditions/exposures
Medical management of operational use of fatigue management medications
Medical management of psychological and sociological stresses of deployment, special warfare, combat operations, sustained operations, and humanitarian
Add Privilege
Save
Cancel
**** FOUO ****

EXAMPLE:

Providers Privileging Category for General Medical Officer (GMO) Core Privileges

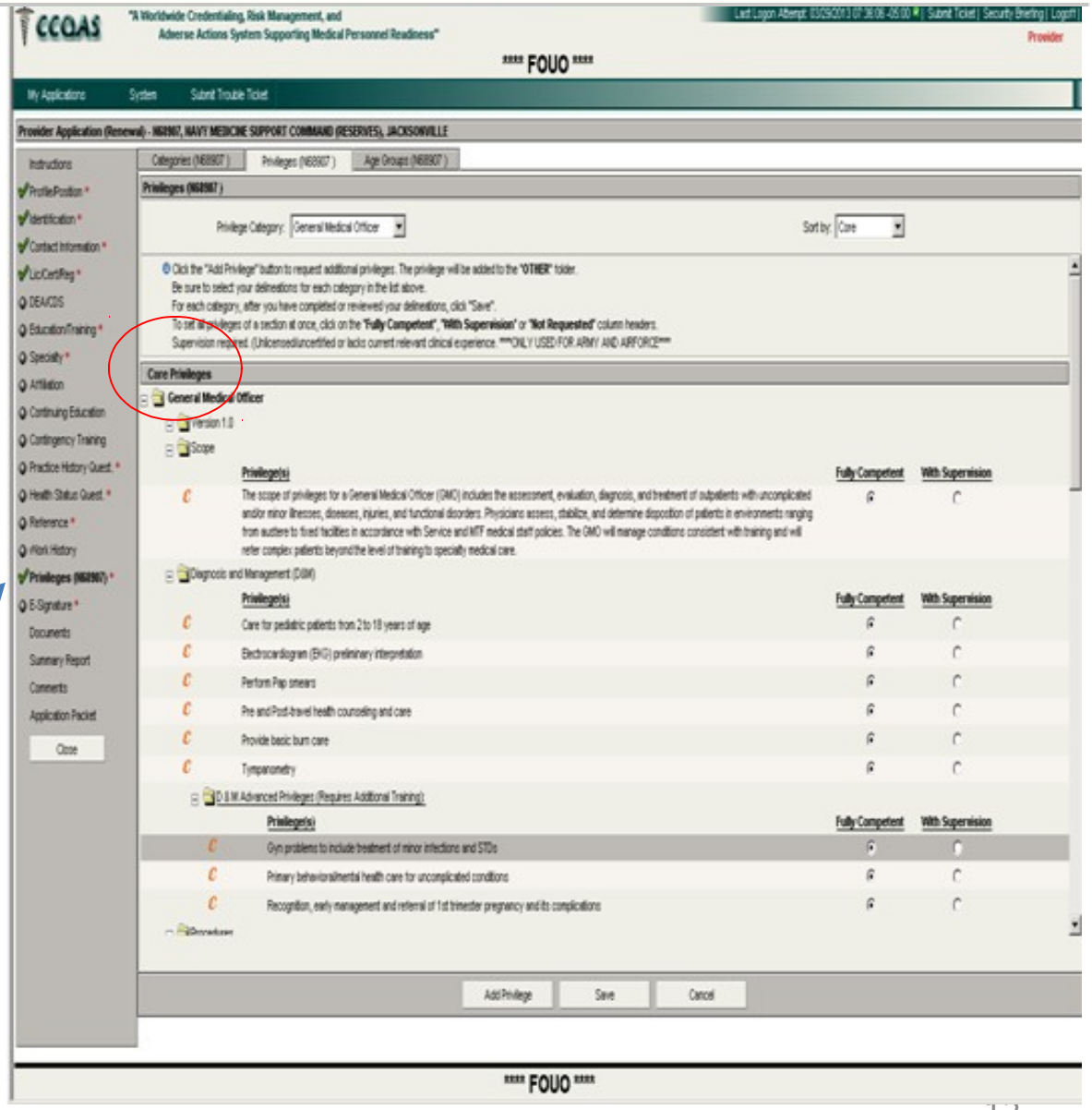
Physician

Repeat Step 7 to request additional privileges (i.e. General Medical Officer)

Click Save and Notice to the left on the Gray Menu a Privileges (N68907) Section as been added to the Electronic Application.

Once Specialty Core Privileges have been requested, a Green check mark will be displayed adjacent to the Privileges title.

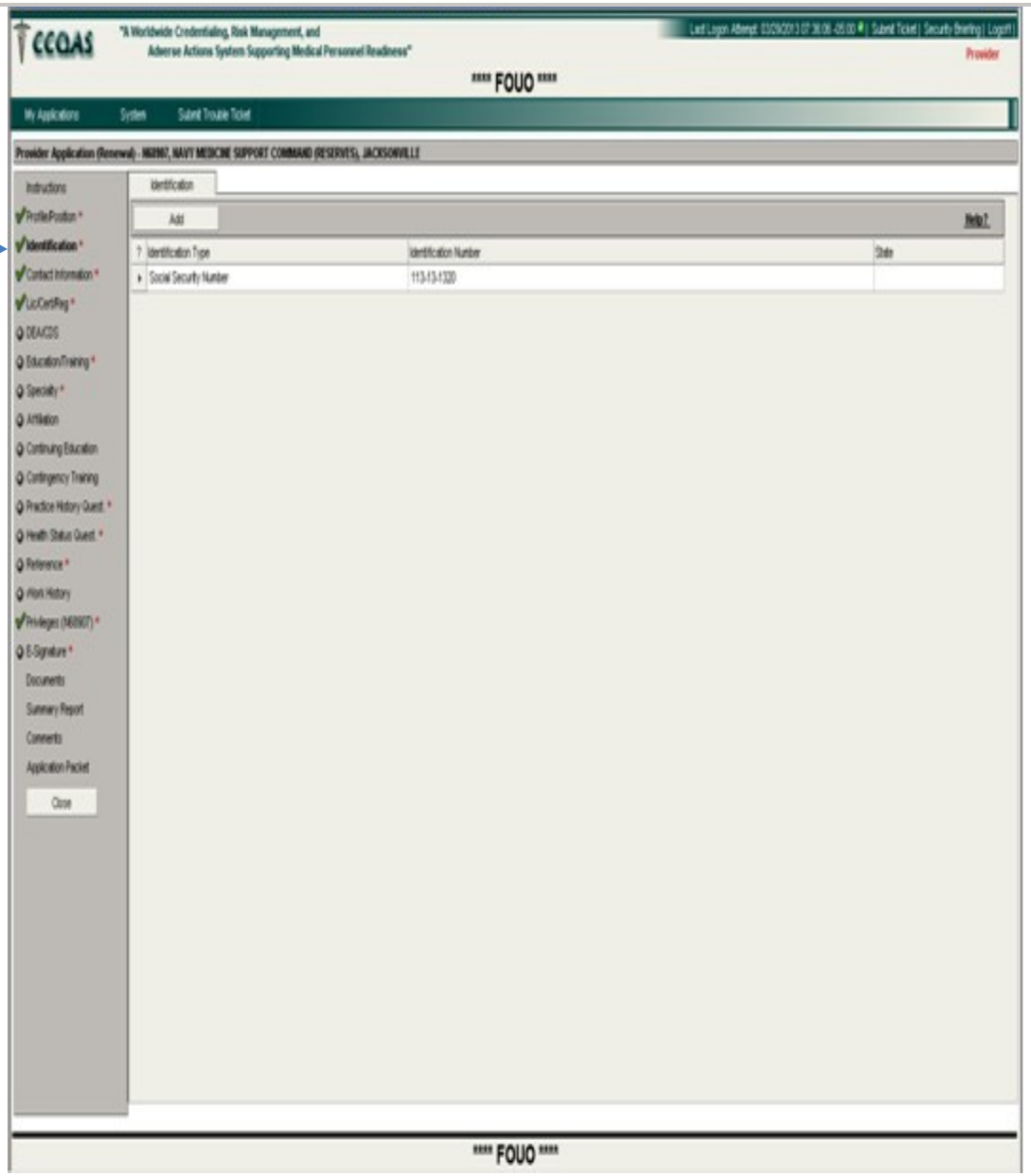
NOTE: Sorting by Core can be accomplished by selecting the "Sort by" drop down menu at top right. The Save Button must be depressed EACH time to move forward with the application.


CCQAS
"A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"
**** FOUO ****
My Applications
System
Submit Trouble Ticket
Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE
Instructions
Profile/Position
Identification
Contact Information
Lic/Cert/Reg
DEA/CDS
Education/Training
Specialty
Affiliation
Continuing Education
Contingency Training
Practice History Quest.
Health Status Quest.
Reference
Work History
Privileges (N68907)
E-Signature
Documents
Summary Report
Comments
Application Packet
Close
Categories (N68907)
Privileges (N68907)
Age Groups (N68907)
Privileges (N68907)
Privilege Category: General Medical Officer
Sort by: Core
Click the "Add Privilege" button to request additional privileges. The privilege will be added to the "OTHER" folder.
Be sure to select your delineations for each category in the list above.
For each category, after you have completed or reviewed your delineations, click "Save".
To set all privileges of a section at once, click on the "Fully Competent", "With Supervision" or "Not Requested" column headers.
Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience. ***ONLY USED FOR ARMY AND AIRFORCE***
Core Privileges
General Medical Officer
Version 1.0
Scope
Privilege(s)
Fully Competent
With Supervision
The scope of privileges for a General Medical Officer (GMO) includes the assessment, evaluation, diagnosis, and treatment of outpatients with uncomplicated and/or minor illnesses, diseases, injuries, and functional disorders. Physicians assess, stabilize, and determine disposition of patients in environments ranging from austere to fixed facilities in accordance with Service and MTF medical staff policies. The GMO will manage conditions consistent with training and will refer complex patients beyond the level of training to specialty medical care.
Diagnosis and Management (D&M)
Care for pediatric patients from 2 to 18 years of age
Electrocardiogram (EKG) preliminary interpretation
Perform Pap smears
Pre and Post-travel health counseling and care
Provide basic burn care
Tympanometry
D & M Advanced Privileges (Requires Additional Training)
Gyn problems to include treatment of minor infections and STDs
Primary behavioral/mental health care for uncomplicated conditions
Recognition, early management and referral of 1st trimester pregnancy and its complications
Add Privilege
Save
Cancel
**** FOUO ****

Identification

Step 8:

The Identification section, within the gray menu, at left, will normally be a pre-populated section. This information is generally merged from the provider's Credential Record.



NOTE: NO ACTION REQUIRED unless information is incorrect.

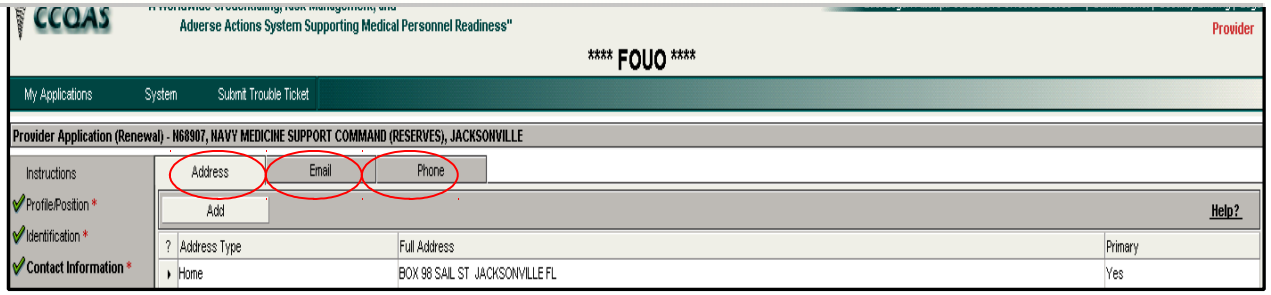
Information

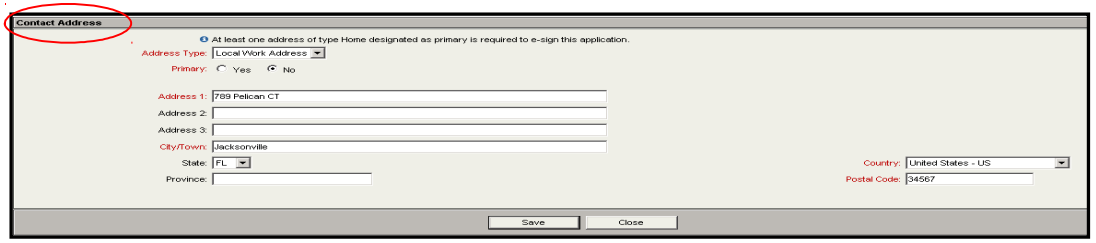
Step 9:

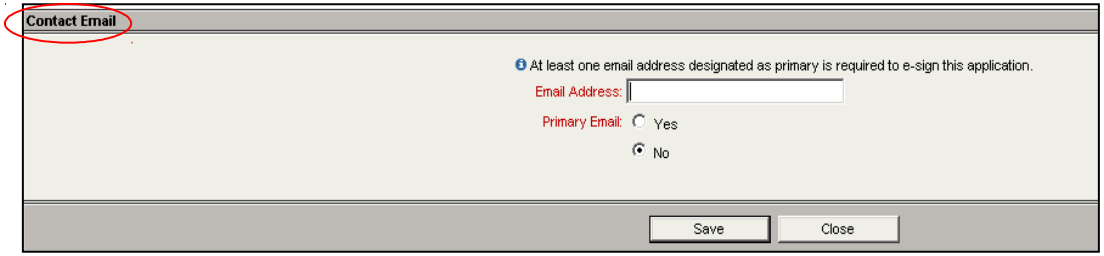
Enter all Contact information

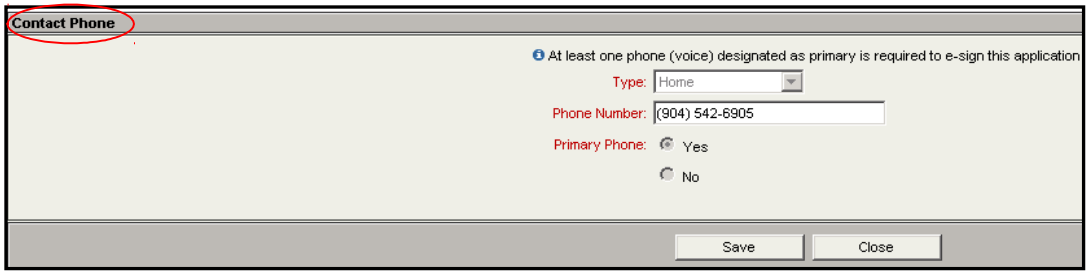
Each Tab requires completion.
-Primary Address,
-Primary Email and
-Primary Phone Number.

NOTE: Add as much information as possible. The Save Button must be depressed EACH time to move forward with the application.

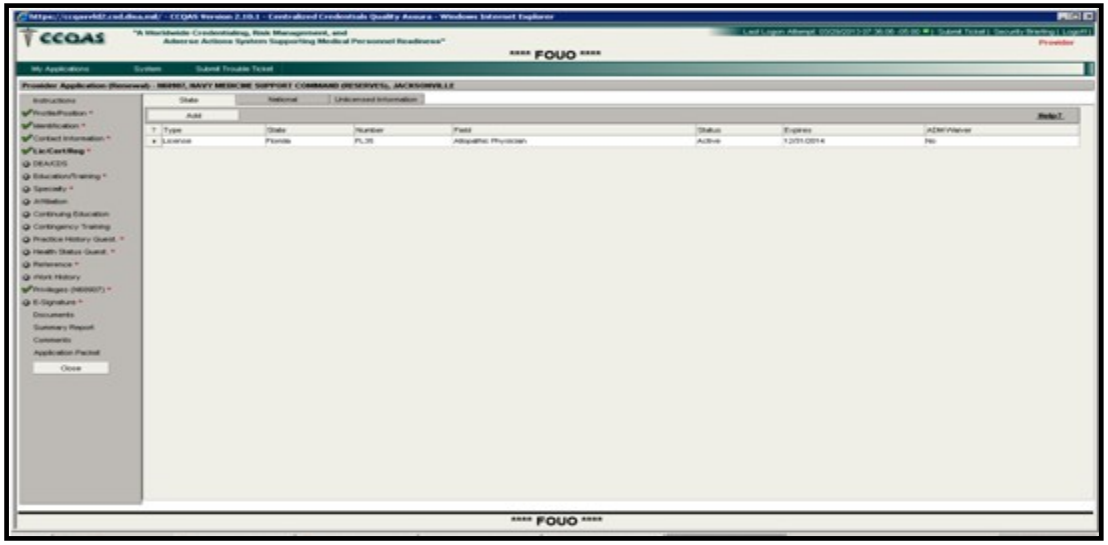








g

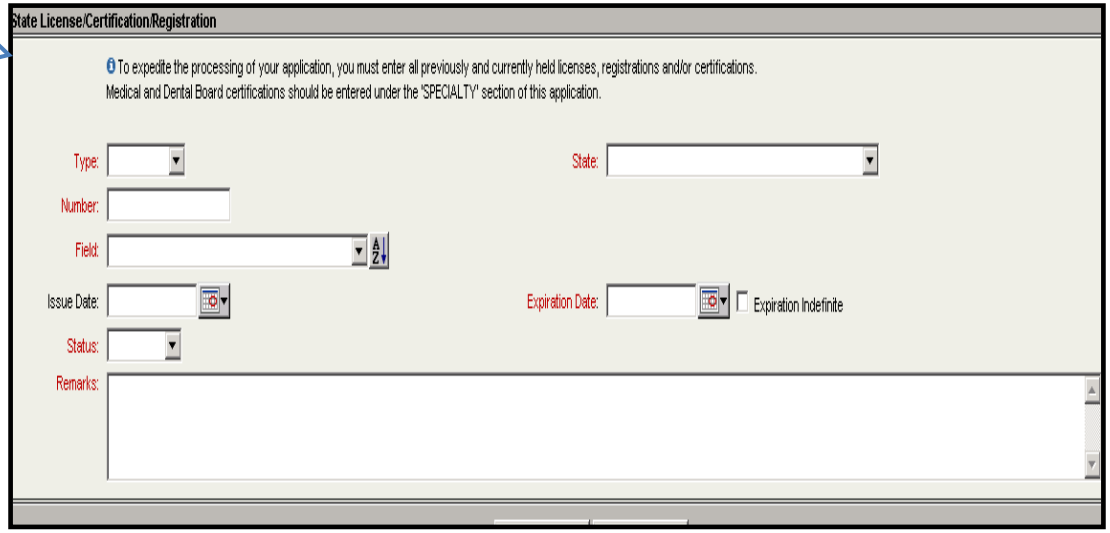


Step 10:

Medical License(s) Section

Add all applicable professional license information:

Type:
-State:
-Number:
-Field:
-Issue Date:
-Expiration Date:
-Status:
-Remarks: If applicable, provide brief explanation why license is/remains expired (i.e. No longer reside in State)

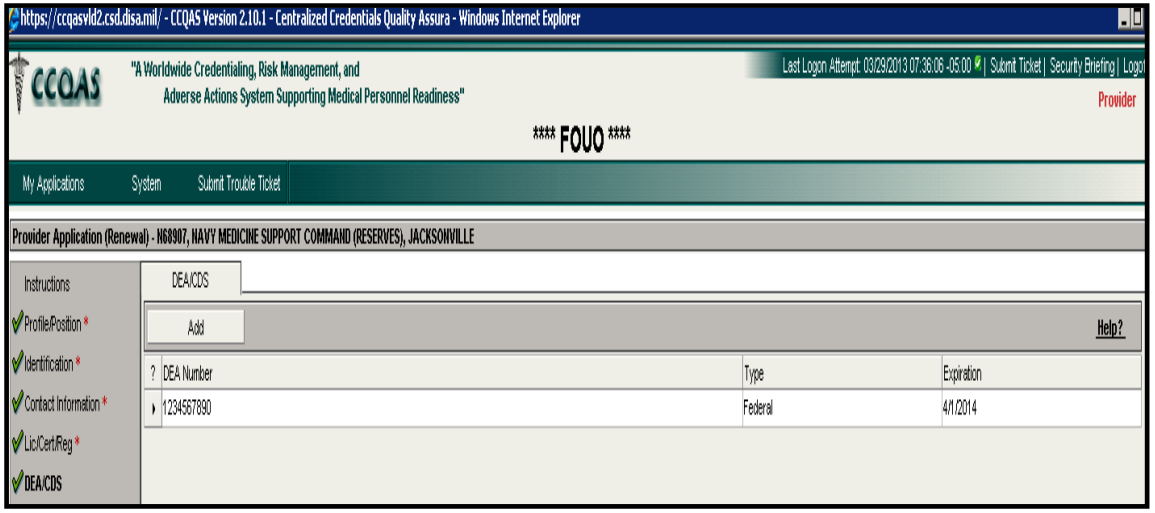

State License/Certification/Registration
To expedite the processing of your application, you must enter all previously and currently held licenses, registrations and/or certifications.
Medical and Dental Board certifications should be entered under the 'SPECIALTY' section of this application.
Type:
State:
Number:
Field:
Issue Date:
Expiration Date:
Expiration Indefinite
Status:
Remarks:

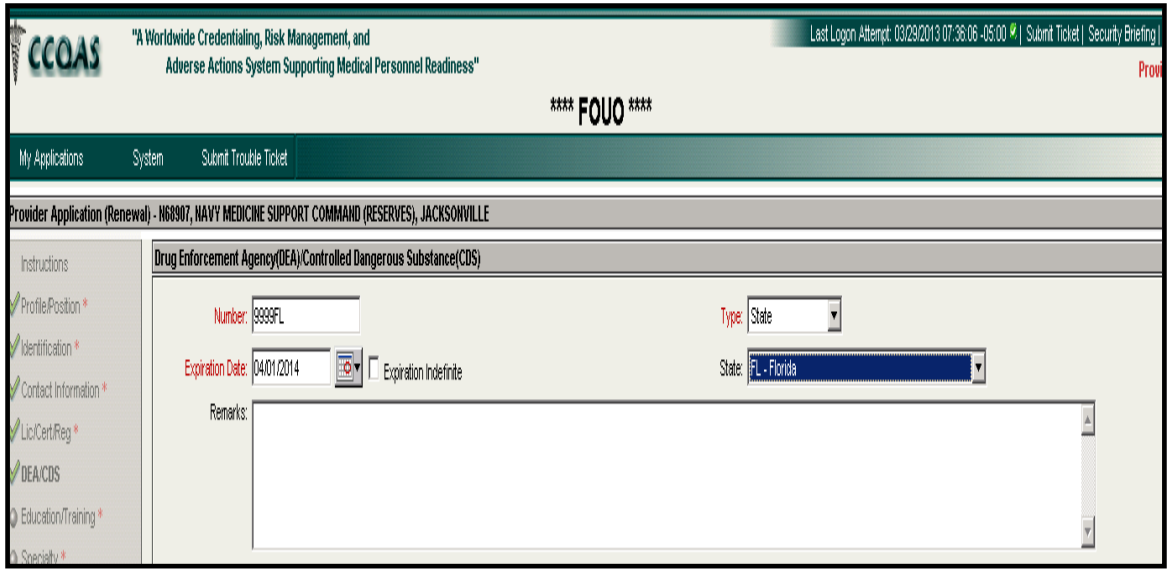
NOTE: All sections with a red lettering/asterisk * are **required fields** to be completed before the system allows continuance . The Save Button must be depressed EACH time to move forward with the application.

S

Step 11:

Add:
-DEA License
-No FEE License
-State Controlled Substance License
(if applicable).





NOTE: All sections with a red lettering/asterisk * are **required fields** to be completed before the system allows continuance . The Save Button must be depressed EACH time to move forward with the application.

ning

Step 12:

ADD:

All Education (i.e. Medical Qualifying Degree, Post Graduate, etc.)

Click on Post Graduate Training to add:

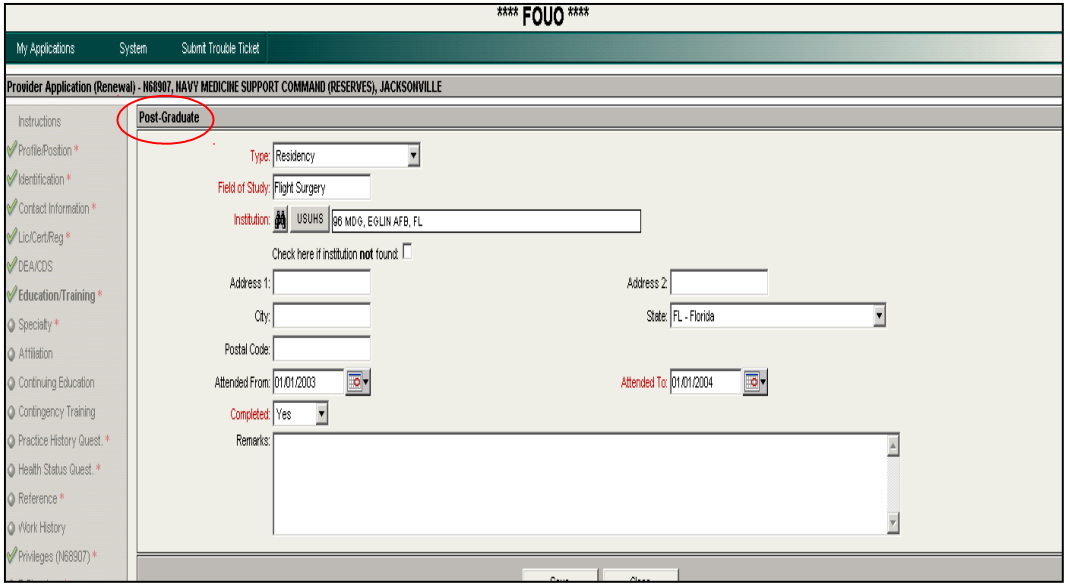
-Residency,

-Fellowship

Any type of degree/certificate aside from Qualifying Degree.

Foreign Medical Graduates are required to complete the ECFMG tab Enter all required information highlighted in Red.

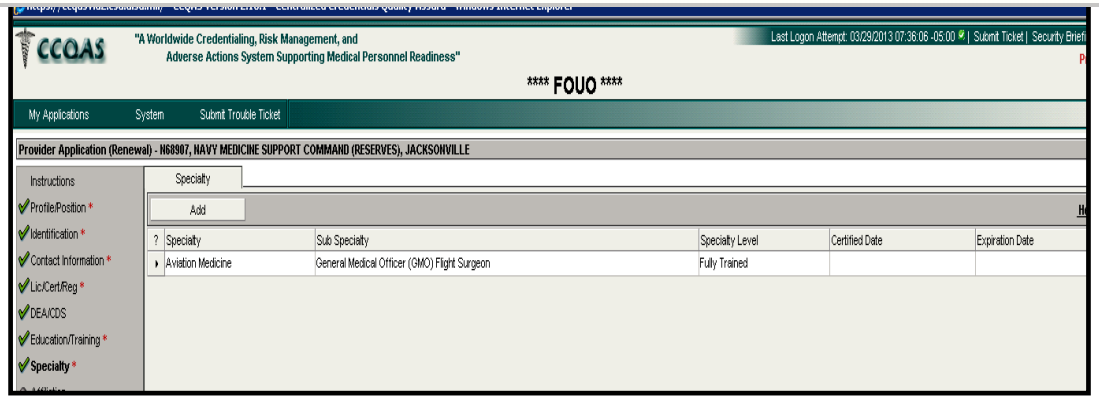
NOTE: The Save Button must be depressed EACH time to move forward with the application.

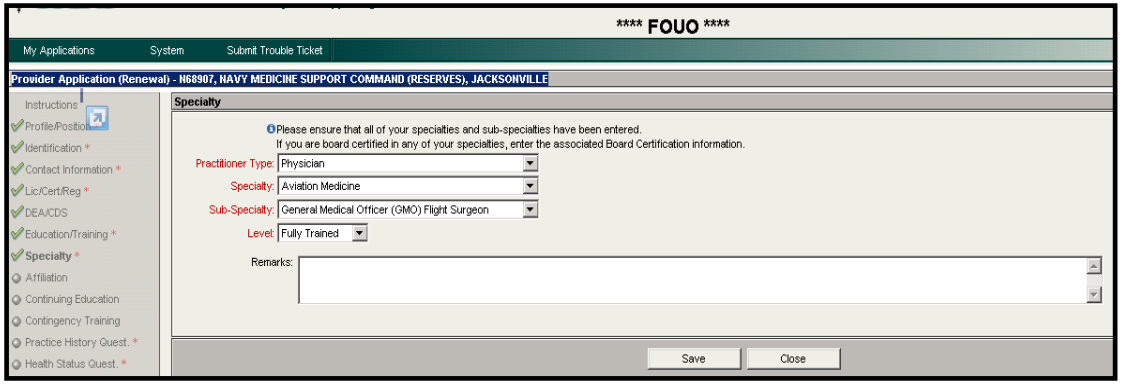


Specialty

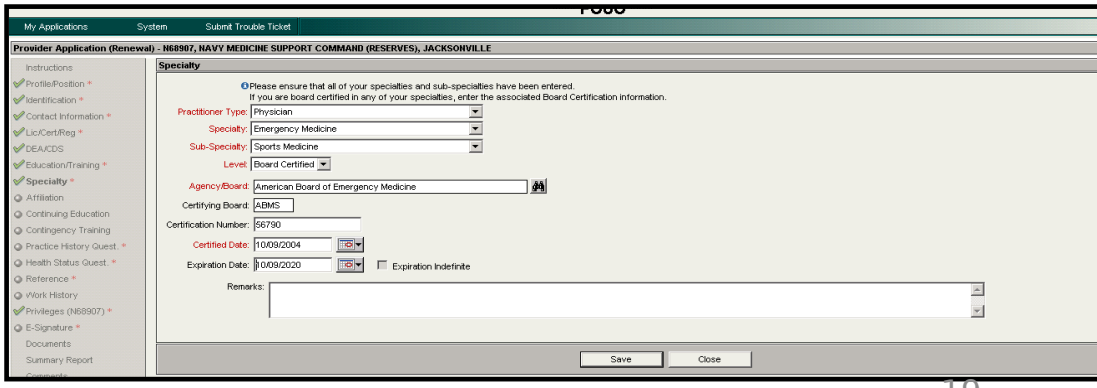
ADD:
Medical Specialty

If a Specialty or Medical Board Certification was awarded since your last privileging cycle this must be added.





NOTE: All sections with a red lettering/asterisk * are **required fields** to be completed before the system allows continuance . The Save Button must be depressed EACH time to move forward with the application.



Tab

Step 14:

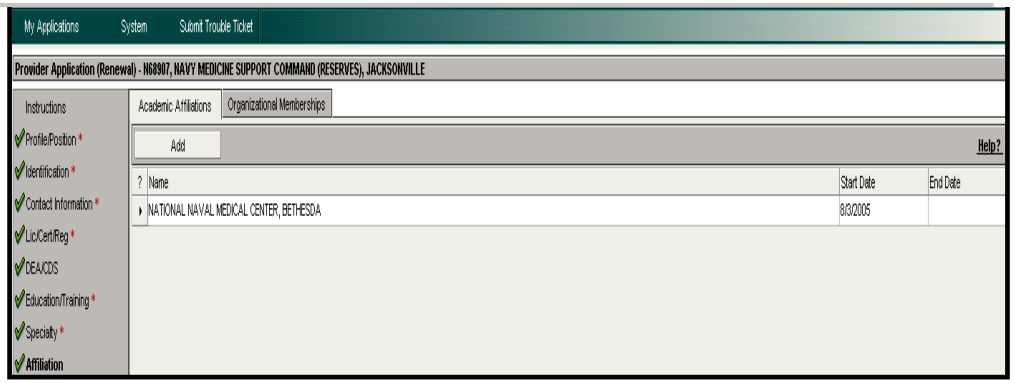
ADD:
Academic Affiliations
Organizational Memberships.

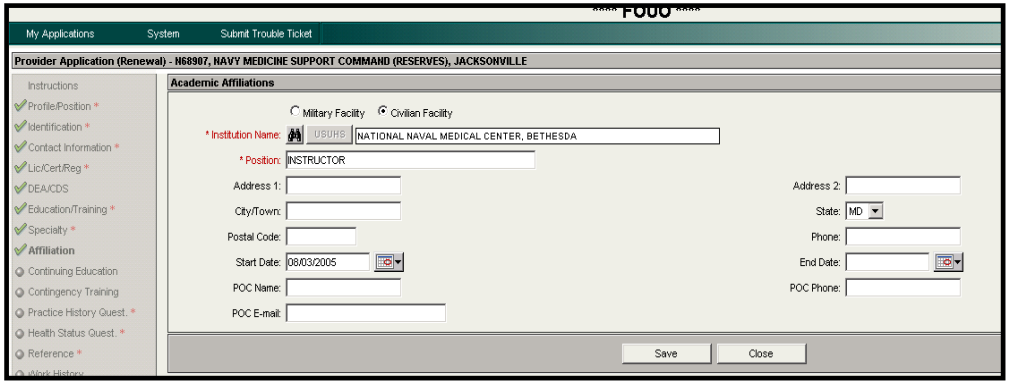
Current Instructors at Civilian or Military Treatment Facilities must add qualifying information.

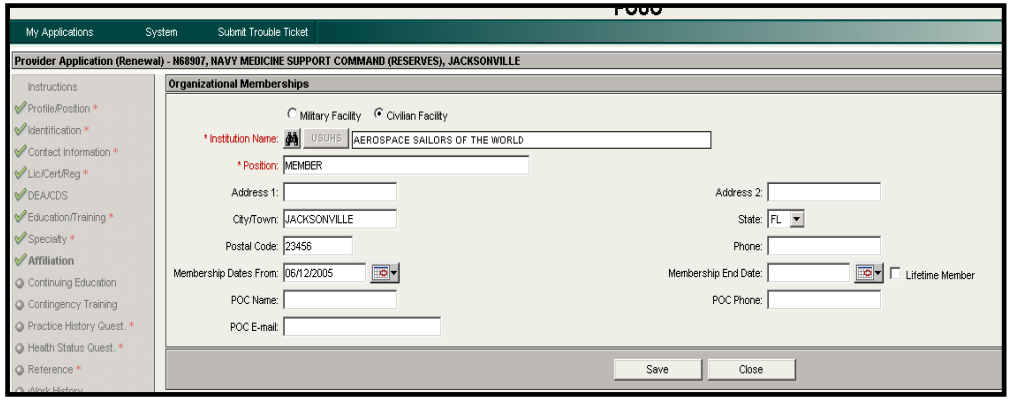
Membership of Civilian or Military Groups should also be added.

NOTE: Information is NOT required.

The Save Button must be depressed EACH time to move forward with the application.



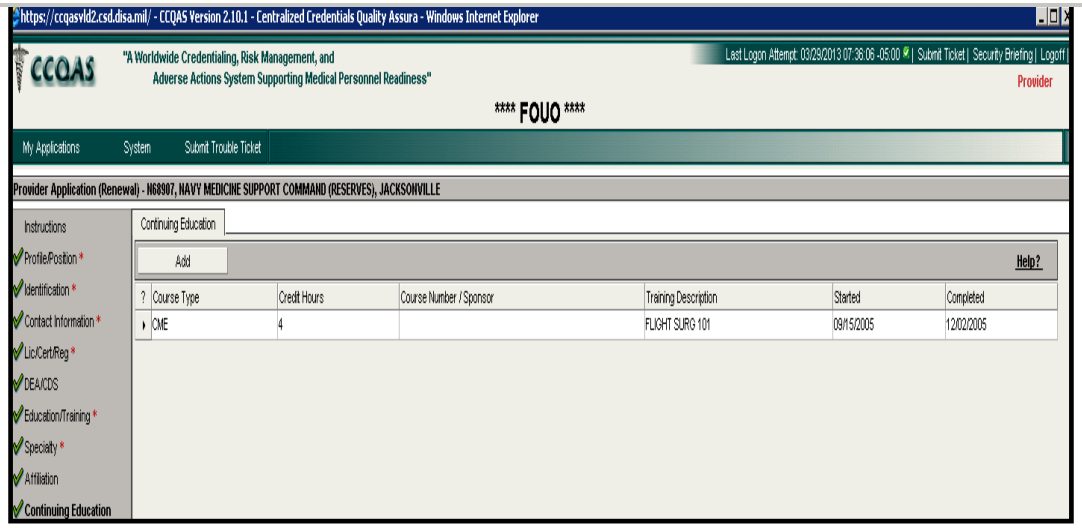




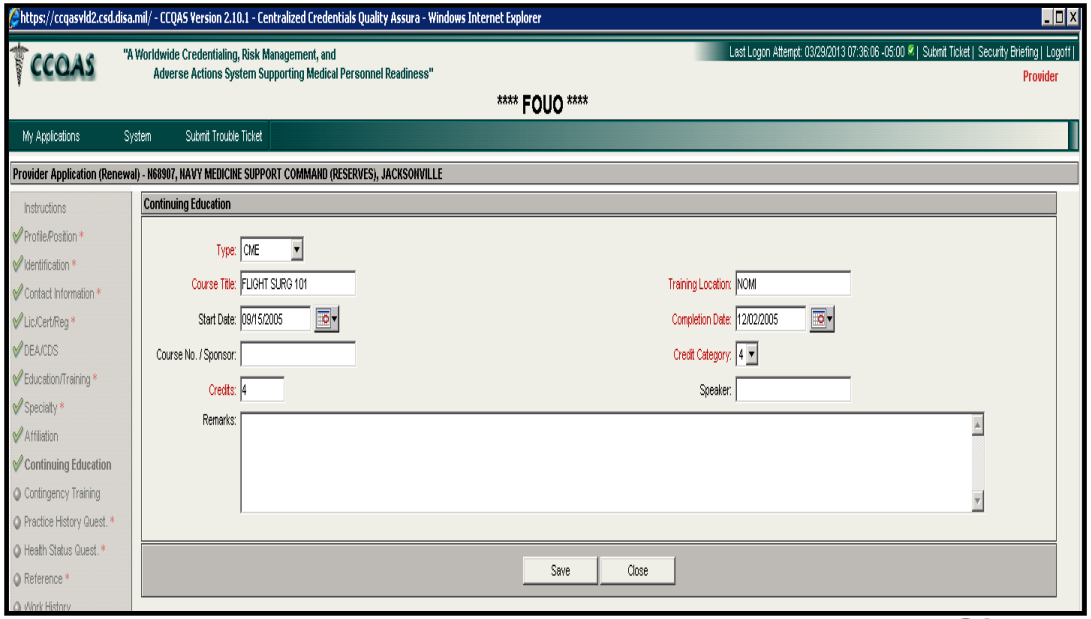
Education

Step 15:

ADD:
All Continuing Education
-CME,
-CNE,
-MIL EDU,
-RSV\GUARD



After all Continuing Education is added Save information.



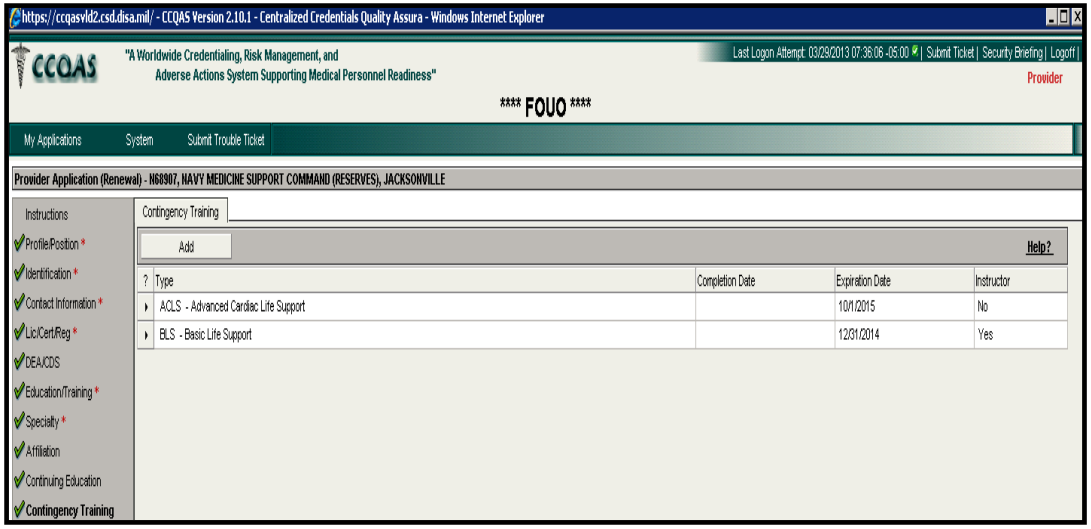
NOTE: Continuing Education is not required to complete your application.

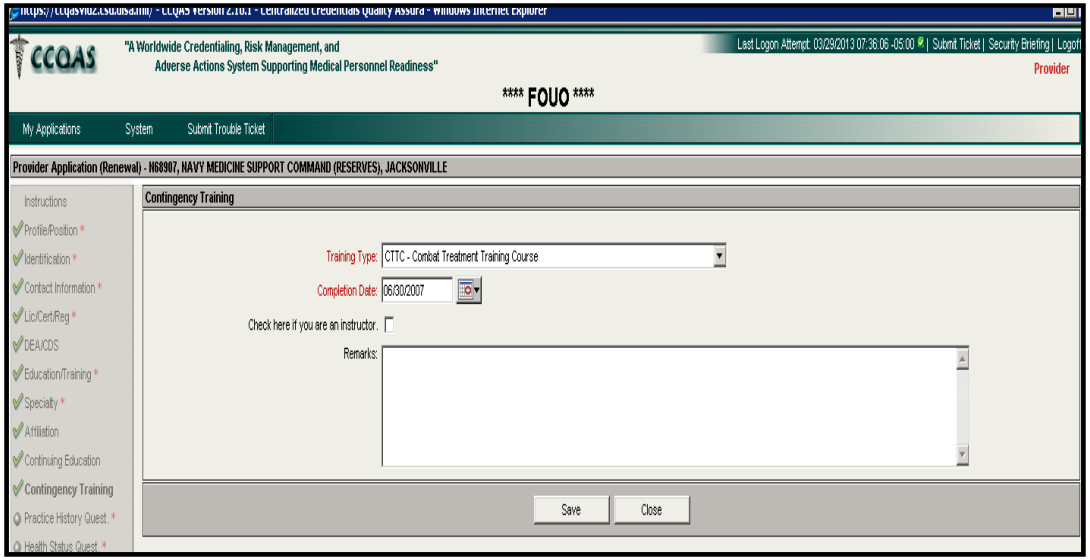
The Save Button must be depressed EACH time to move forward with the application.

Contingency Training

Step 16:

ADD:
Contingency Training
-BLS,
-ACLS,
-PALS,
-ATLS





NOTE: Contingency Training is NOT Mandatory to complete application, however, MTFs may require. The Save Button must be depressed EACH time to move forward with the application.

Practice History Questions

Step 17:

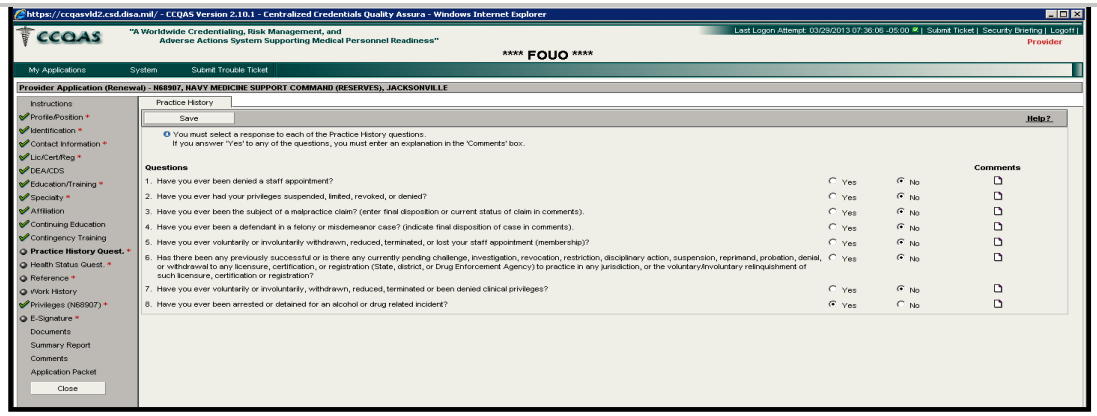
Eight (8) Practice History Questions must **ALL** be answered in order to complete your application.

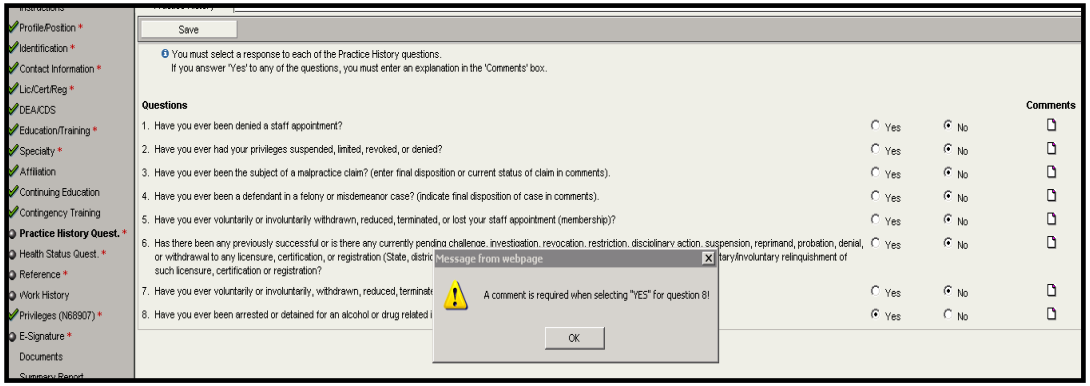
Notice, any question answered YES must be explained in comments section -far right of the question. (System should prompt to add comment.)

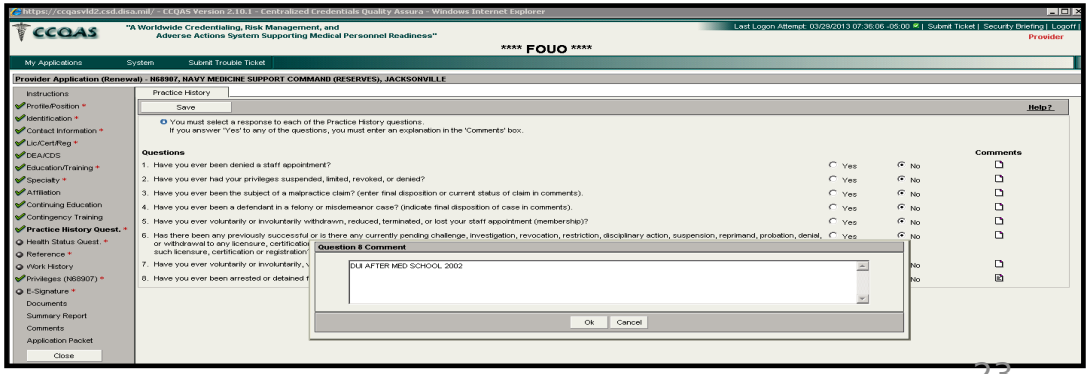
To add comment: Double click comments tab and provide comment.

NOTE: The Save Button must be depressed EACH time to move forward with the application.

NOTE 2: A green check mark in the Gray Menu indicates you have completed the section.


**** FOUO ****
Practice History
Save
You must select a response to each of the Practice History questions.
If you answer 'Yes' to any of the questions, you must enter an explanation in the 'Comments' box.
Questions
Comments
1. Have you ever been denied a staff appointment?
2. Have you ever had your privileges suspended, limited, revoked, or denied?
3. Have you ever been the subject of a malpractice claim? (enter final disposition or current status of claim in comments).
4. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments).
5. Have you ever voluntarily or involuntarily withdrawn, reduced, terminated, or lost your staff appointment (membership)?
6. Has there been any previously successful or is there any currently pending challenge, investigation, revocation, restriction, disciplinary action, suspension, reprimand, probation, denial, or withdrawal to any licensure, certification, or registration (State, district, or Drug Enforcement Agency) to practice in any jurisdiction, or the voluntary/involuntary relinquishment of such licensure, certification or registration?
7. Have you ever voluntarily or involuntarily, withdrawn, reduced, terminated or been denied clinical privileges?
8. Have you ever been arrested or detained for an alcohol or drug related incident?


Save
You must select a response to each of the Practice History questions.
If you answer 'Yes' to any of the questions, you must enter an explanation in the 'Comments' box.
Questions
Comments
Message from webpage
A comment is required when selecting "YES" for question 8!
OK



Questions

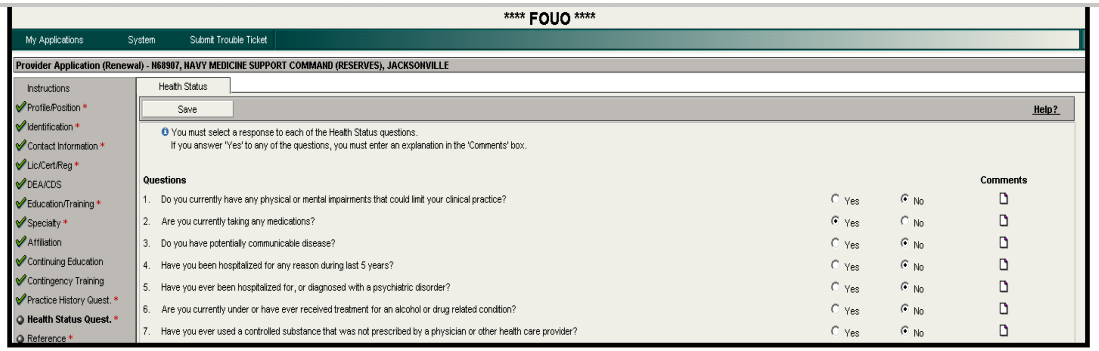
Step 18:

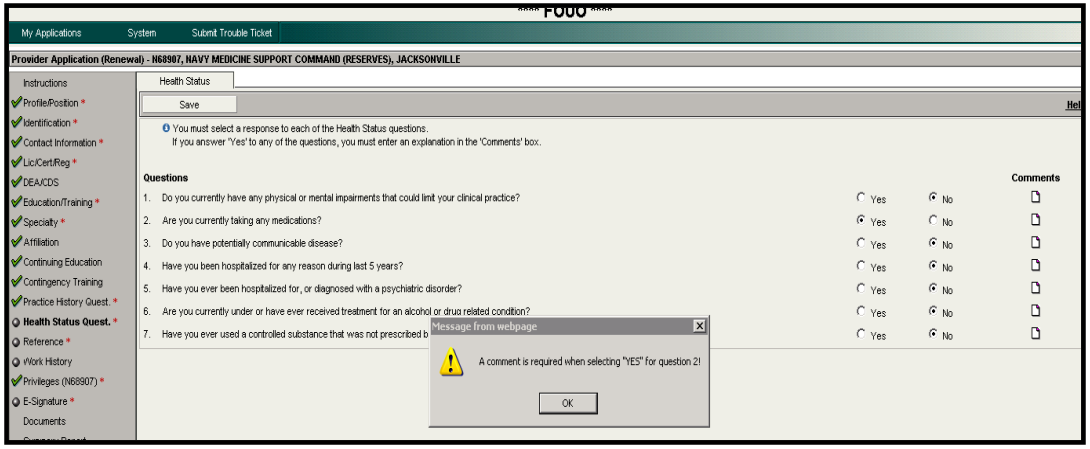
Seven (7) Health Status Questions must **ALL** be answered in order to complete the application.

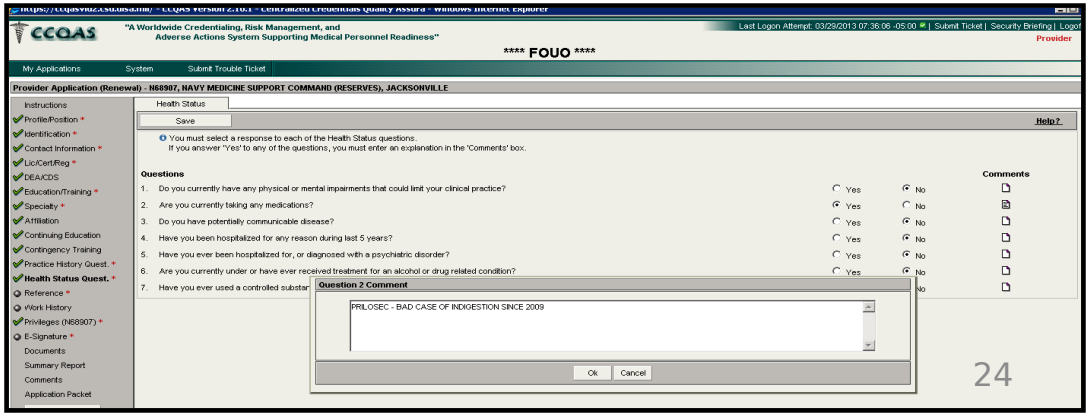
Notice, any question answered YES must be explained in comments section -far right of the question. (System should prompt to add comment.)

Double click the comments tab to the left and provide comment for answering yes to one of the questions.

NOTE: The Save Button must be depressed EACH time to move forward with the application.


**** FOUO ****
My Applications
System
Submit Trouble Ticket
Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE
Instructions
Profile/Position *
Identification *
Contact Information *
Lic/Cert/Reg *
DEA/CDS
Education/Training *
Specialty *
Affiliation
Continuing Education
Contingency Training
Practice History Quest. *
Health Status Quest. *
Reference *
Health Status
Save
Help?
You must select a response to each of the Health Status questions.
If you answer 'Yes' to any of the questions, you must enter an explanation in the 'Comments' box.
Questions
Comments
1. Do you currently have any physical or mental impairments that could limit your clinical practice? Yes No
2. Are you currently taking any medications? Yes No
3. Do you have potentially communicable disease? Yes No
4. Have you been hospitalized for any reason during last 5 years? Yes No
5. Have you ever been hospitalized for, or diagnosed with a psychiatric disorder? Yes No
6. Are you currently under or have ever received treatment for an alcohol or drug related condition? Yes No
7. Have you ever used a controlled substance that was not prescribed by a physician or other health care provider? Yes No


**** FOUO ****
My Applications
System
Submit Trouble Ticket
Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE
Instructions
Profile/Position *
Identification *
Contact Information *
Lic/Cert/Reg *
DEA/CDS
Education/Training *
Specialty *
Affiliation
Continuing Education
Contingency Training
Practice History Quest. *
Health Status Quest. *
Reference *
Work History
Privileges (N68907) *
E-Signature *
Documents
Health Status
Save
You must select a response to each of the Health Status questions.
If you answer 'Yes' to any of the questions, you must enter an explanation in the 'Comments' box.
Questions
Comments
1. Do you currently have any physical or mental impairments that could limit your clinical practice? Yes No
2. Are you currently taking any medications? Yes No
3. Do you have potentially communicable disease? Yes No
4. Have you been hospitalized for any reason during last 5 years? Yes No
5. Have you ever been hospitalized for, or diagnosed with a psychiatric disorder? Yes No
6. Are you currently under or have ever received treatment for an alcohol or drug related condition? Yes No
7. Have you ever used a controlled substance that was not prescribed b Yes No
Message from webpage
A comment is required when selecting "YES" for question 2!
OK


CCQAS
"A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"
Provider
**** FOUO ****
My Applications
System
Submit Trouble Ticket
Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE
Instructions
Profile/Position *
Identification *
Contact Information *
Lic/Cert/Reg *
DEA/CDS
Education/Training *
Specialty *
Affiliation
Continuing Education
Contingency Training
Practice History Quest. *
Health Status Quest. *
Reference *
Work History
Privileges (N68907) *
E-Signature *
Documents
Summary Report
Comments
Application Packet
Health Status
Save
Help?
You must select a response to each of the Health Status questions.
If you answer 'Yes' to any of the questions, you must enter an explanation in the 'Comments' box.
Questions
Comments
1. Do you currently have any physical or mental impairments that could limit your clinical practice? Yes No
2. Are you currently taking any medications? Yes No
3. Do you have potentially communicable disease? Yes No
4. Have you been hospitalized for any reason during last 5 years? Yes No
5. Have you ever been hospitalized for, or diagnosed with a psychiatric disorder? Yes No
6. Are you currently under or have ever received treatment for an alcohol or drug related condition? Yes No
Question 2 Comment
PRILOSEC - BAD CASE OF INDIGESTION SINCE 2009
Ok
Cancel

Section

Step 19:

ADD:

TWO (2) PEER References (**for each Core Privilege requested**):

Include Point of contact information

-Name

-Title

-Email

-Phone

ONE (1) Civilian Employer Supervisor or Office Manager

Include Point of contact information

-Name

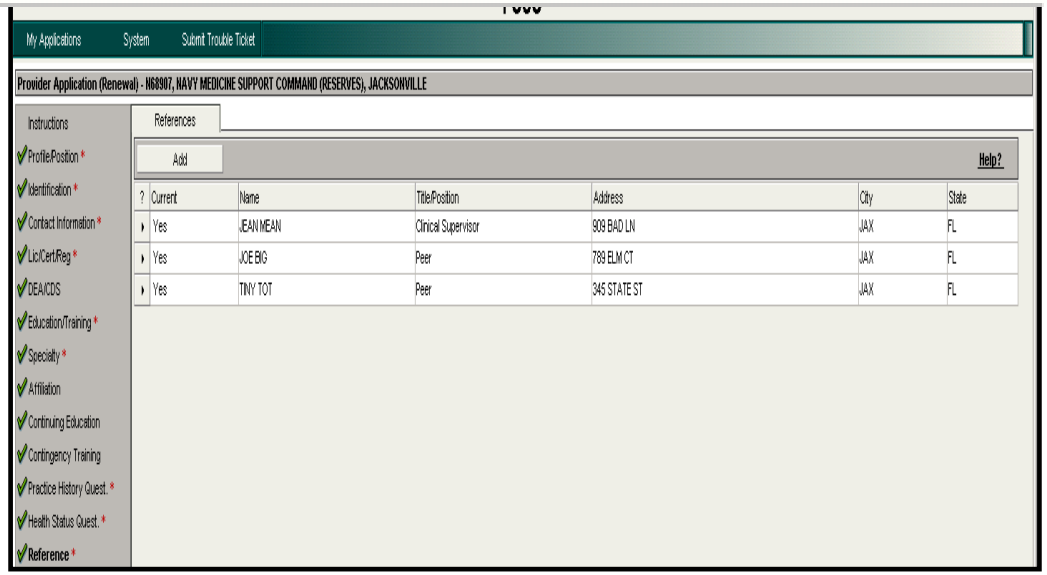
-Title

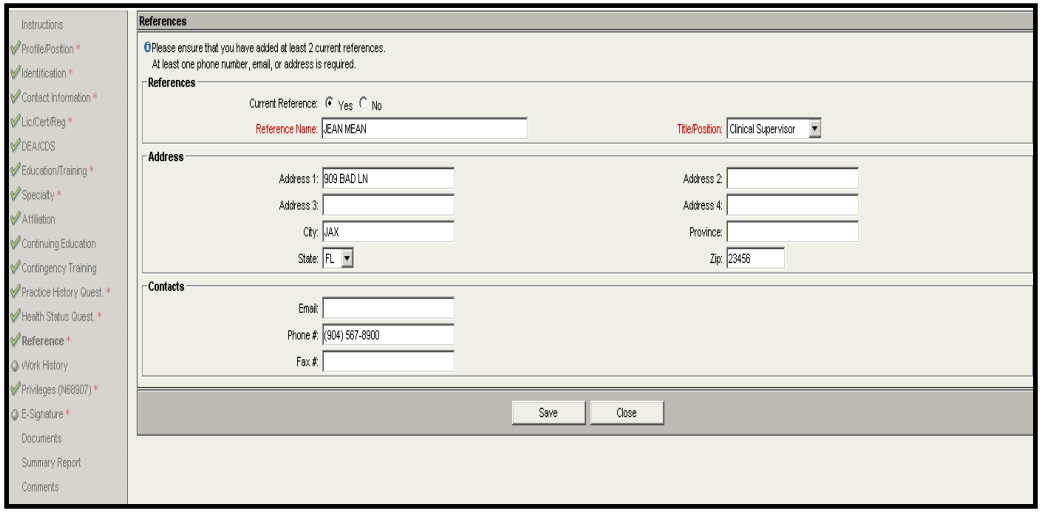
-Email

-Phone

Ensure current reference is selected (YES)

NOTE: The Save Button must be depressed EACH time to move forward with the application.





History

Step 20:

Work History contains Malpractice information and past Work History prior to Qualifying Degree.

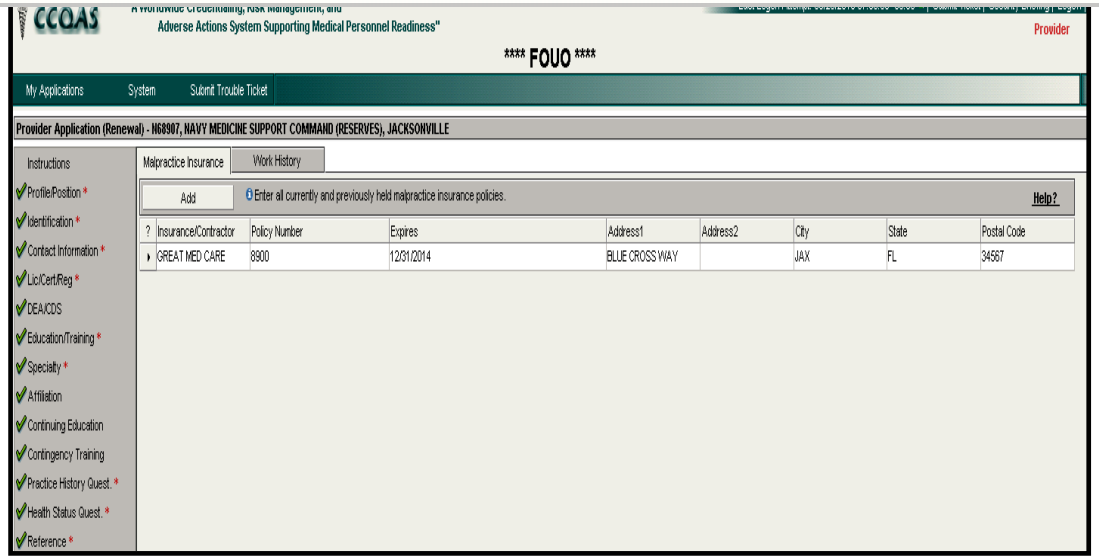
Work History tab which contains in chronological order all your work history, vacations , Commands etc;. If there is a Time Gap of 30 days or more you will see this Icon.

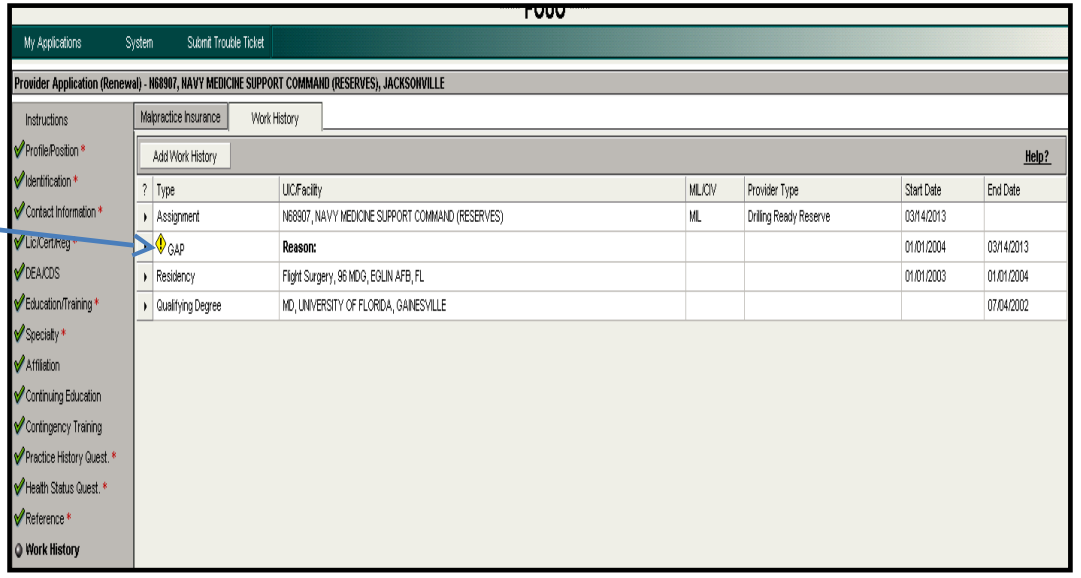
GAP GAPS in employment **MUST BE** addressed

And ADD Insurance

Address ALL Malpractice Information.

Add comments if no malpractice insurance is available.





WORK HISTORY (TIME GAP)

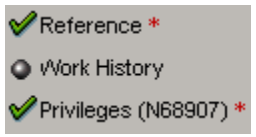
If you have any of these the following Icons:

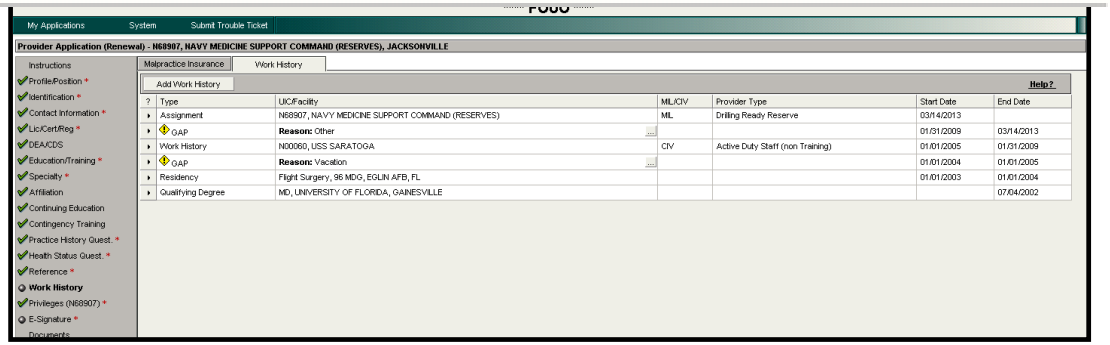
Account GAP for employment time gaps , especially for breaks in Medical Privileges greater than 30 days.

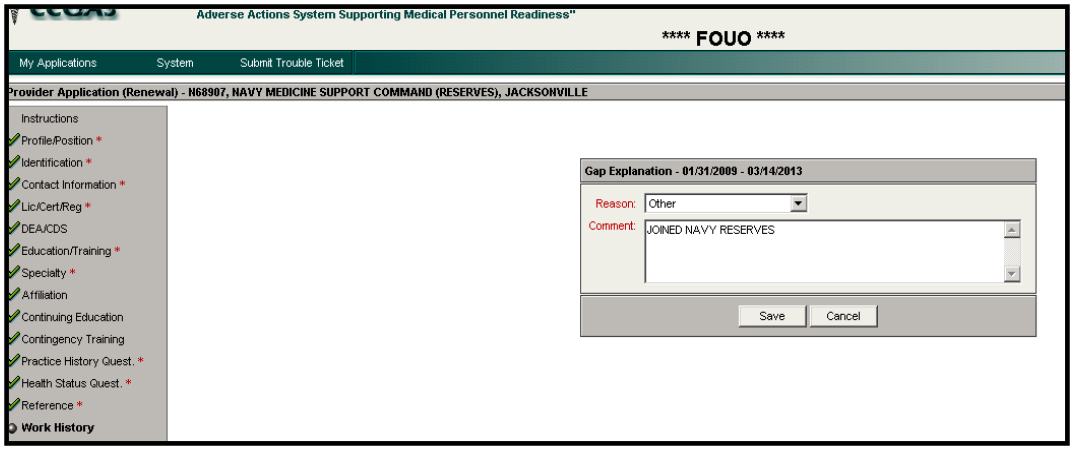
Click the Icon and provide reasoning for Time Gap

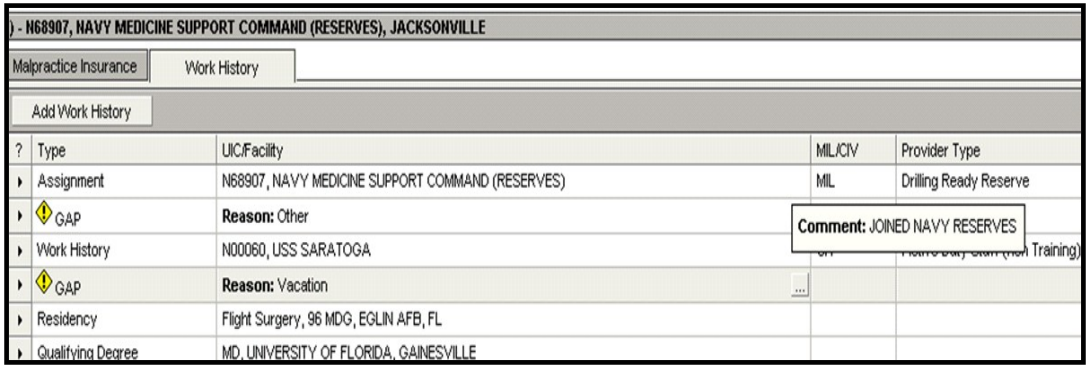
When Tilde Icon ... is clicked, it will reveal reason.

Note: Green check mark will not be displayed upon completion.









SIGNATURE

Step: 21

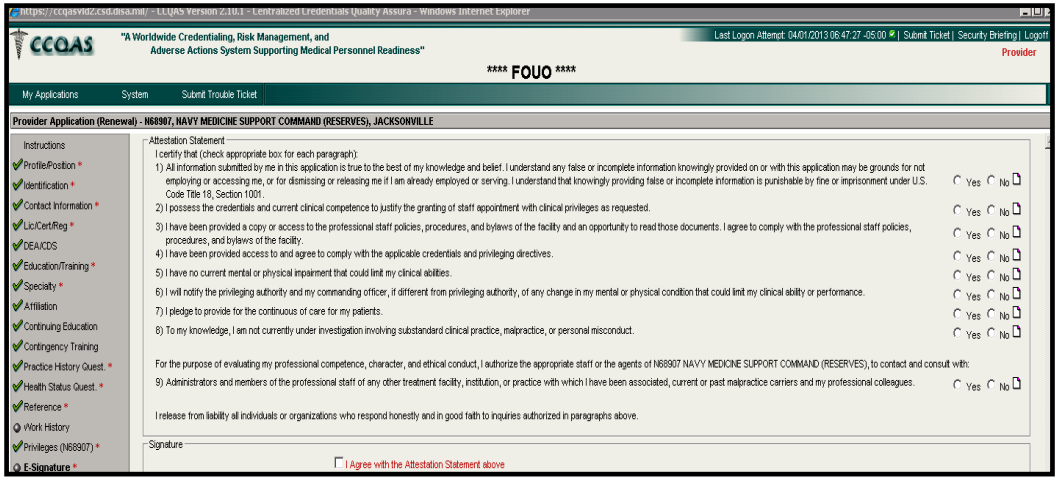
Upon completion of Work History Information , Selected the **E-Signature Section.**

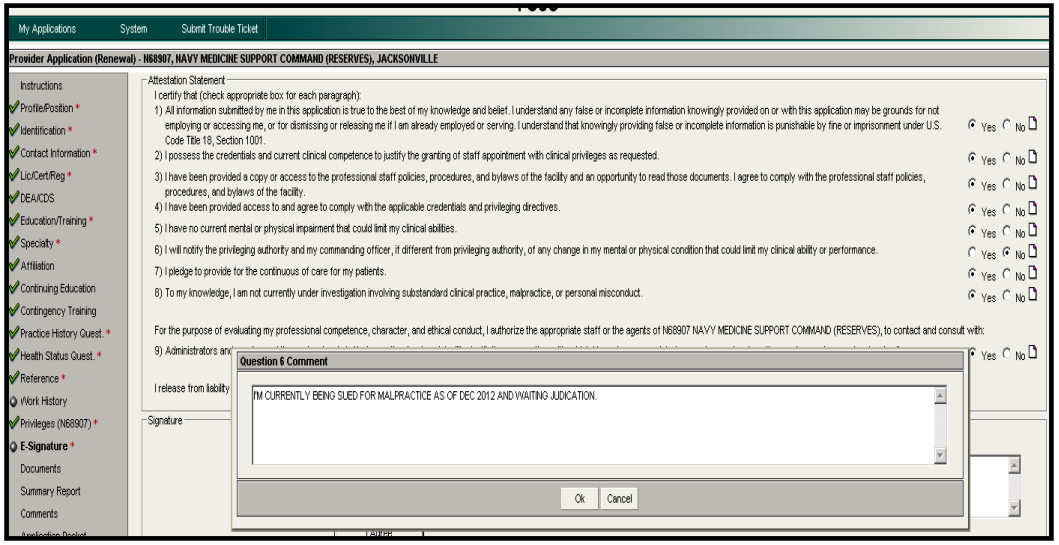
Attestation Statement

Once selected CCQAS will generate an **Attestation Statement,** which consists of Nine (9) Yes or No questions.

Comment must be provided for each **NO** response.

Upon completion of the Attestation Statement – you must AGREE to the terms stated.


CCQAS
"A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"
**** FOUO ****
My Applications
System
Submit Trouble Ticket
Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE
Instructions
Profile/Position *
Identification *
Contact Information *
Lic/Cert/Reg *
DEA/CDS
Education/Training *
Specialty *
Affiliation
Continuing Education
Contingency Training
Practice History Quest. *
Health Status Quest. *
Reference *
Work History
Privileges (N68907) *
E-Signature *
Attestation Statement
I certify that (check appropriate box for each paragraph):
1) All information submitted by me in this application is true to the best of my knowledge and belief. I understand any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing me, or for dismissing or releasing me if I am already employed or serving. I understand that knowingly providing false or incomplete information is punishable by fine or imprisonment under U.S. Code Title 18, Section 1001.
2) I possess the credentials and current clinical competence to justify the granting of staff appointment with clinical privileges as requested.
3) I have been provided a copy or access to the professional staff policies, procedures, and bylaws of the facility and an opportunity to read those documents. I agree to comply with the professional staff policies, procedures, and bylaws of the facility.
4) I have been provided access to and agree to comply with the applicable credentials and privileging directives.
5) I have no current mental or physical impairment that could limit my clinical abilities.
6) I will notify the privileging authority and my commanding officer, if different from privileging authority, of any change in my mental or physical condition that could limit my clinical ability or performance.
7) I pledge to provide for the continuous of care for my patients.
8) To my knowledge, I am not currently under investigation involving substandard clinical practice, malpractice, or personal misconduct.
For the purpose of evaluating my professional competence, character, and ethical conduct, I authorize the appropriate staff or the agents of N68907 NAVY MEDICINE SUPPORT COMMAND (RESERVES), to contact and consult with:
9) Administrators and members of the professional staff of any other treatment facility, institution, or practice with which I have been associated, current or past malpractice carriers and my professional colleagues.
I release from liability all individuals or organizations who respond honestly and in good faith to inquiries authorized in paragraphs above.
Yes
No
Signature
I Agree with the Attestation Statement above

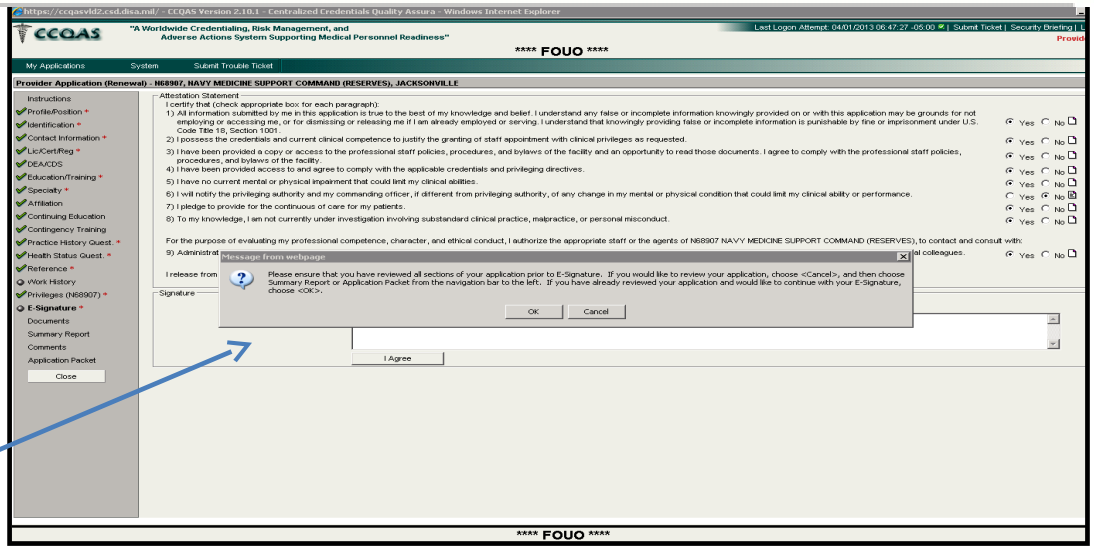

My Applications
System
Submit Trouble Ticket
Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE
Instructions
Profile/Position *
Identification *
Contact Information *
Lic/Cert/Reg *
DEA/CDS
Education/Training *
Specialty *
Affiliation
Continuing Education
Contingency Training
Practice History Quest. *
Health Status Quest. *
Reference *
Work History
Privileges (N68907) *
E-Signature *
Documents
Summary Report
Comments
Attestation Statement
I certify that (check appropriate box for each paragraph):
1) All information submitted by me in this application is true to the best of my knowledge and belief. I understand any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing me, or for dismissing or releasing me if I am already employed or serving. I understand that knowingly providing false or incomplete information is punishable by fine or imprisonment under U.S. Code Title 18, Section 1001.
2) I possess the credentials and current clinical competence to justify the granting of staff appointment with clinical privileges as requested.
3) I have been provided a copy or access to the professional staff policies, procedures, and bylaws of the facility and an opportunity to read those documents. I agree to comply with the professional staff policies, procedures, and bylaws of the facility.
4) I have been provided access to and agree to comply with the applicable credentials and privileging directives.
5) I have no current mental or physical impairment that could limit my clinical abilities.
6) I will notify the privileging authority and my commanding officer, if different from privileging authority, of any change in my mental or physical condition that could limit my clinical ability or performance.
7) I pledge to provide for the continuous of care for my patients.
8) To my knowledge, I am not currently under investigation involving substandard clinical practice, malpractice, or personal misconduct.
For the purpose of evaluating my professional competence, character, and ethical conduct, I authorize the appropriate staff or the agents of N68907 NAVY MEDICINE SUPPORT COMMAND (RESERVES), to contact and consult with:
I release from liability
Signature
Question 6 Comment
I'M CURRENTLY BEING SUED FOR MALPRACTICE AS OF DEC 2012 AND WAITING JUDICATION.
Ok
Cancel

E-Signature (Submitting The Application)

Step 22:

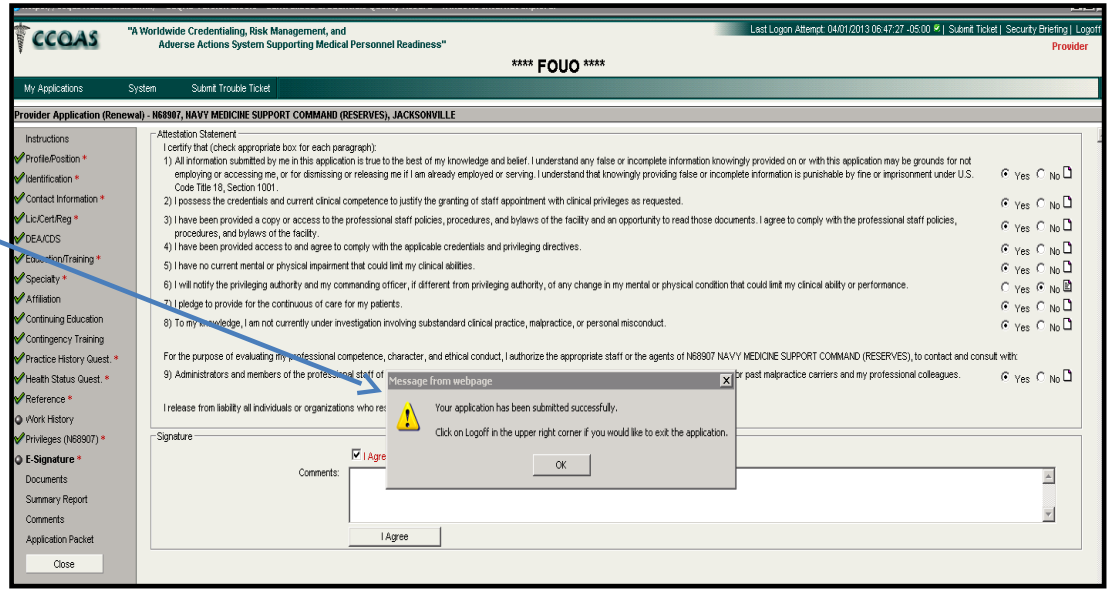
FINAL STEP!!!

After agreeing to the Attestation Statement , CCQAS will allow application review prior to submission.


CCQAS
"A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"
**** FOUO ****
My Applications
System
Submit Trouble Ticket
Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE
Instructions
Profile/Position *
Identification *
Contact Information *
Lic/Cert/Reg *
DEA/CDS
Education/Training *
Specialty *
Affiliation
Continuing Education
Contingency Training
Practice History Quest. *
Health Status Quest. *
Reference *
Work History
Privileges (N68907) *
E-Signature *
Documents
Summary Report
Comments
Application Packet
Close
Attestation Statement
I certify that (check appropriate box for each paragraph):
Message from webpage
Please ensure that you have reviewed all sections of your application prior to E-Signature. If you would like to review your application, choose <Cancel>, and then choose Summary Report or Application Packet from the navigation bar to the left. If you have already reviewed your application and would like to continue with your E-Signature, choose <OK>.
OK
Cancel
Signature
I Agree
**** FOUO ****

CCQAS will generate the application and a POP-UP window should be displayed:

Your application has been submitted Successfully.


CCQAS
"A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"
**** FOUO ****
Provider
My Applications
System
Submit Trouble Ticket
Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE
Attestation Statement
Message from webpage
Your application has been submitted successfully.
Click on Logoff in the upper right corner if you would like to exit the application.
OK
Signature
Comments:
I Agree

NOTE: The system will take some time to generate the application.

PLEASE BE PATIENT!

DO NOT click the AGREE tab more than once, as this will generate duplicate applications.

AFTER YOU APPLICATION IS SUCCESSFULLY SUBMITTED

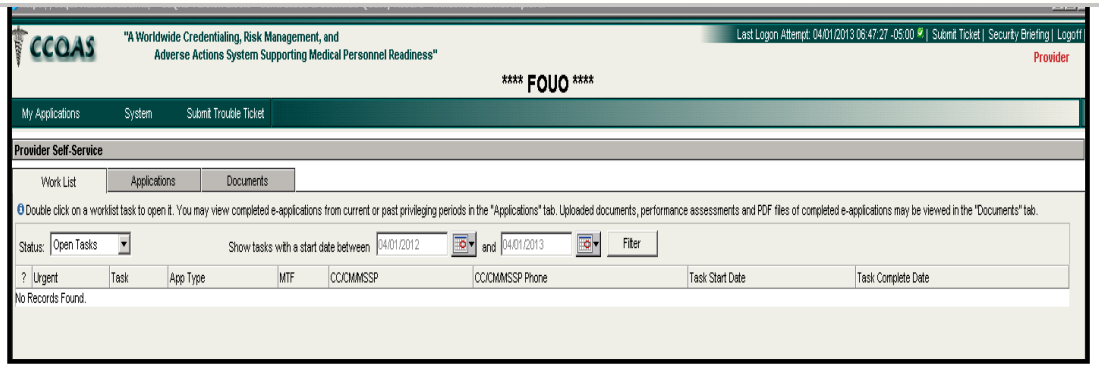
The application will move from Active Task Work List to "My Applications".

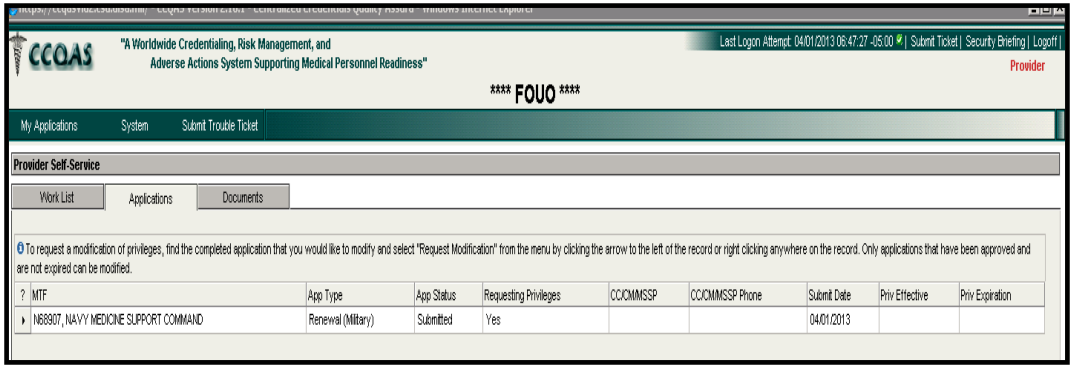
Once applications are submitted, it is LOCKED. Viewable only to the provider.

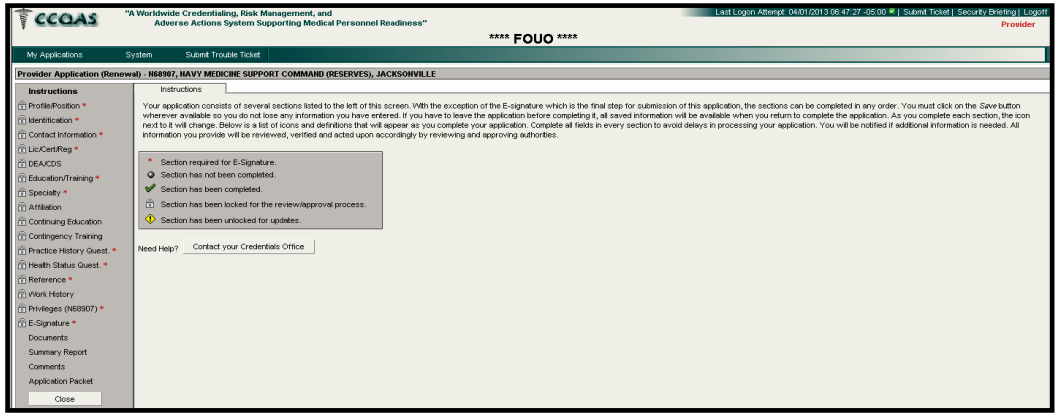
File Managers will review and may RETURN applications for erroneous, incomplete, or missing information.

Applications can be saved and printed for future reference.

If the applications are returned for any of the above reasons, guidance will be provided stating r ons of the application may be UNLOCKED for update.


CCQAS
"A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"
Last Logon Attempt: 04/01/2013 06:47:27 -05:00 | Submit Ticket | Security Briefing | Logoff |
Provider
**** FOUO ****
My Applications
System
Submit Trouble Ticket
Provider Self-Service
Work List
Applications
Documents
Double click on a worklist task to open it. You may view completed e-applications from current or past privileging periods in the "Applications" tab. Uploaded documents, performance assessments and PDF files of completed e-applications may be viewed in the "Documents" tab.
Status: Open Tasks
Show tasks with a start date between 04/01/2012 and 04/01/2013
Filter
? Urgent
Task
App Type
MTF
CC/MMSSP
CC/MMSSP Phone
Task Start Date
Task Complete Date
No Records Found.


CCQAS
"A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"
Last Logon Attempt: 04/01/2013 06:47:27 -05:00 | Submit Ticket | Security Briefing | Logoff |
Provider
**** FOUO ****
My Applications
System
Submit Trouble Ticket
Provider Self-Service
Work List
Applications
Documents
To request a modification of privileges, find the completed application that you would like to modify and select "Request Modification" from the menu by clicking the arrow to the left of the record or right clicking anywhere on the record. Only applications that have been approved and are not expired can be modified.
? MTF
App Type
App Status
Requesting Privileges
CC/MMSSP
CC/MMSSP Phone
Submit Date
Priv Effective
Priv Expiration
N68907, NAVY MEDICINE SUPPORT COMMAND
Renewal (Military)
Submitted
Yes
04/01/2013


CCQAS
"A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"
Last Logon Attempt: 04/01/2013 06:47:27 -05:00 | Submit Ticket | Security Briefing | Logoff |
Provider
**** FOUO ****
My Applications
System
Submit Trouble Ticket
Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE
Instructions
Profile/Position *
Identification *
Contact Information *
Lic/Cert/Reg *
DEA/CDS
Education/Training *
Specialty *
Affiliation
Continuing Education
Contingency Training
Practice History Quest. *
Health Status Quest. *
Reference *
Work History
Privileges (N68907) *
E-Signature *
Documents
Summary Report
Comments
Application Packet
Close
Instructions
Your application consists of several sections listed to the left of this screen. With the exception of the E-signature which is the final step for submission of this application, the sections can be completed in any order. You must click on the Save button wherever available so you do not lose any information you have entered. If you have to leave the application before completing it, all saved information will be available when you return to complete the application. As you complete each section, the icon next to it will change. Below is a list of icons and definitions that will appear as you complete your application. Complete all fields in every section to avoid delays in processing your application. You will be notified if additional information is needed. All information you provide will be reviewed, verified and acted upon accordingly by reviewing and approving authorities.
* Section required for E-Signature.
Section has not been completed.
Section has been completed.
Section has been locked for the review/approval process.
Section has been unlocked for updates.
Need Help?
Contact your Credentials Office

DOCUMENTS

Documents may be uploaded in the “Documents” section.

-PARS

-Snap-Shots

-Licenses,

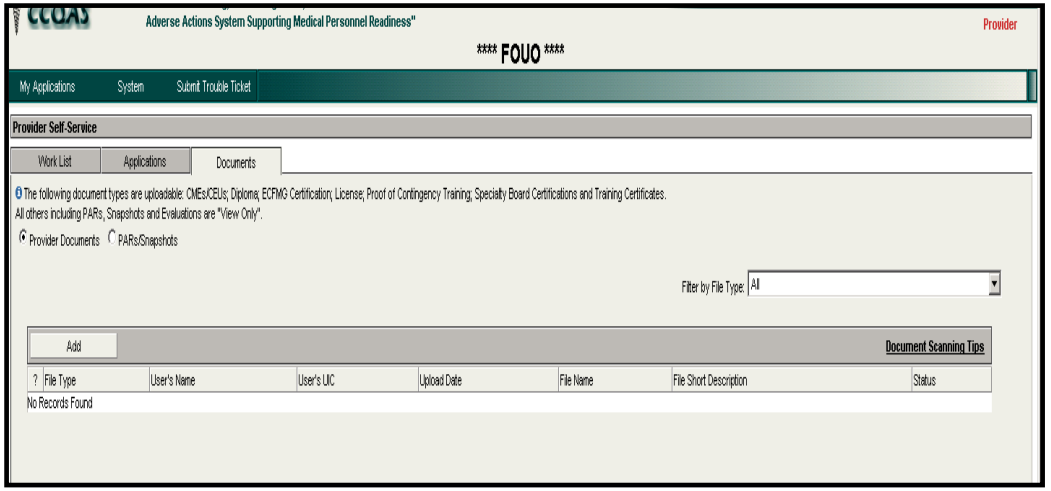
-CME’s,

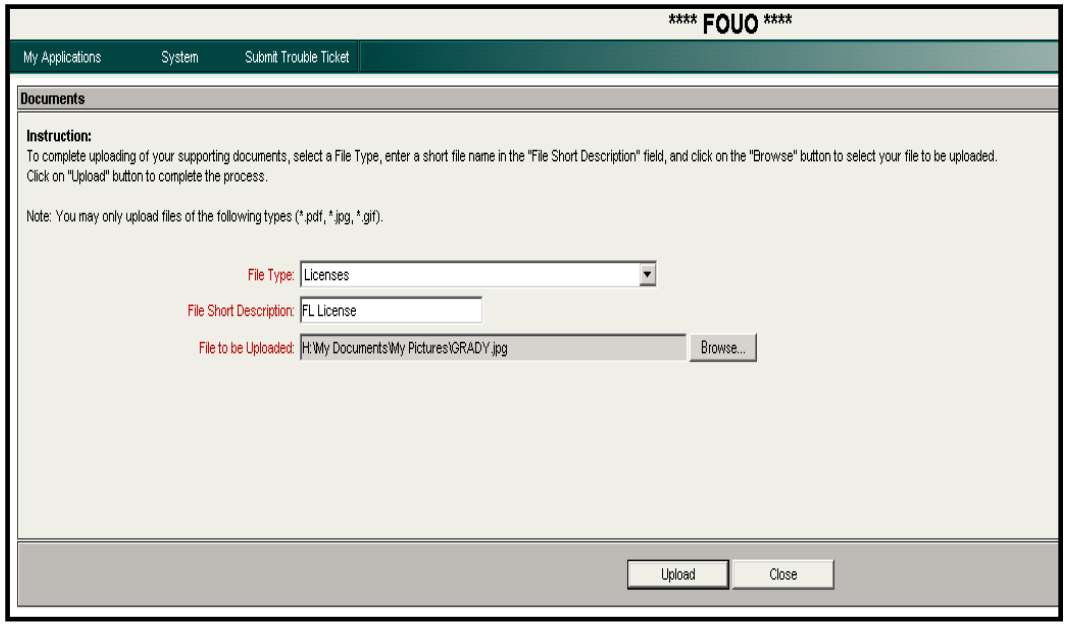
-PARs etc;

Once documents are uploaded, CCQAS will provide notification that documents has been successfully loaded.

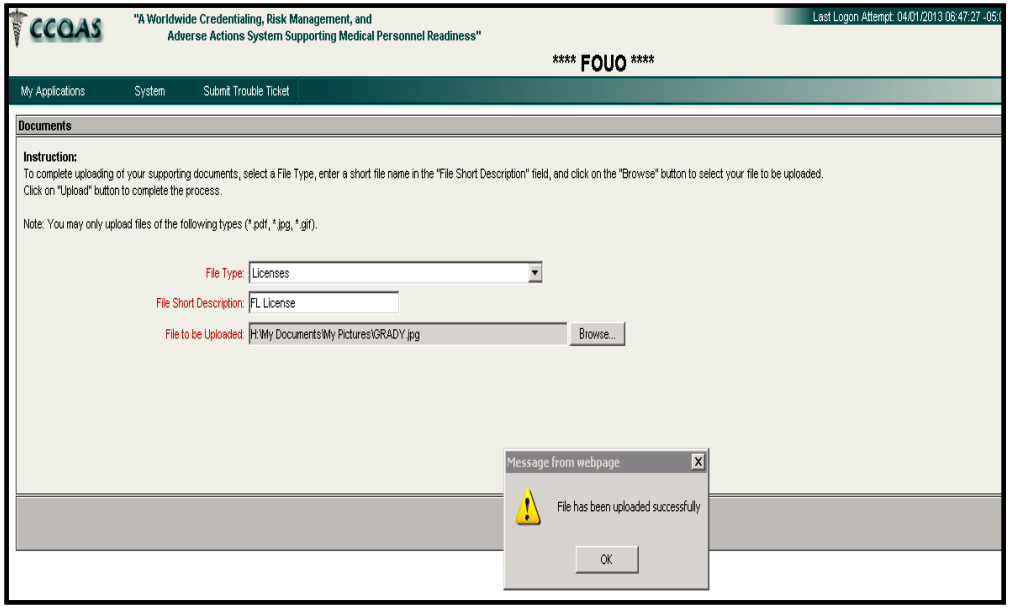
Check and make sure document was loaded in the Documents Work List.

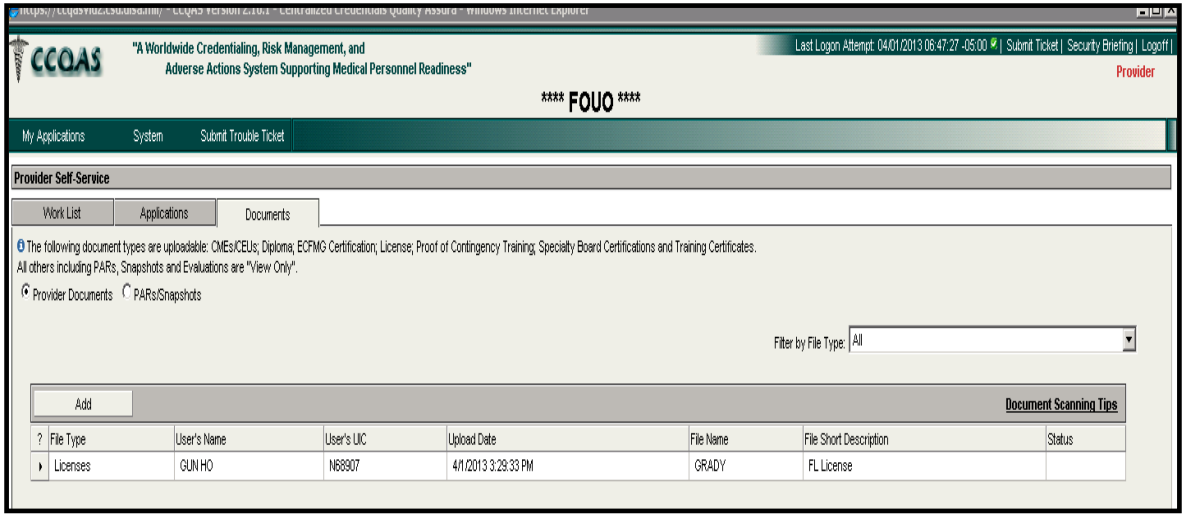
NOTE: Refer to the Documents Scanning Tips located Top Right Corner if applicable.




**** FOUO ****
My Applications
System
Submit Trouble Ticket
Documents
Instruction:
To complete uploading of your supporting documents, select a File Type, enter a short file name in the "File Short Description" field, and click on the "Browse" button to select your file to be uploaded.
Click on "Upload" button to complete the process.
Note: You may only upload files of the following types (*.pdf, *.jpg, *.gif).
File Type: Licenses
File Short Description: FL License
File to be Uploaded: H:\My Documents\My Pictures\GRADY.jpg
Browse...
Upload
Close

DOCUMENTS


CCQAS
"A Worldwide Credentialing, Risk Management, and
Adverse Actions System Supporting Medical Personnel Readiness"
Last Logon Attempt: 04/01/2013 06:47:27 -05:
**** FOUO ****
My Applications
System
Submit Trouble Ticket
Documents
Instruction:
To complete uploading of your supporting documents, select a File Type, enter a short file name in the "File Short Description" field, and click on the "Browse" button to select your file to be uploaded.
Click on "Upload" button to complete the process.
Note: You may only upload files of the following types (*.pdf, *.jpg, *.gif).
File Type: Licenses
File Short Description: FL License
File to be Uploaded: H:\My Documents\My Pictures\GRADY.jpg
Browse...
Message from webpage
File has been uploaded successfully
OK


CCQAS
"A Worldwide Credentialing, Risk Management, and
Adverse Actions System Supporting Medical Personnel Readiness"
Last Logon Attempt: 04/01/2013 06:47:27 -05:00 | Submit Ticket | Security Briefing | Logoff |
Provider
**** FOUO ****
My Applications
System
Submit Trouble Ticket
Provider Self-Service
Work List
Applications
Documents
The following document types are uploadable: CMEs/CEUs; Diploma; ECFMG Certification; License; Proof of Contingency Training; Specialty Board Certifications and Training Certificates.
All others including PARs, Snapshots and Evaluations are "View Only".
Provider Documents
PARs/Snapshots
Filter by File Type: All
Add
Document Scanning Tips
? File Type User's Name User's UIC Upload Date File Name File Short Description Status
Licenses GUN HO N68907 4/1/2013 3:29:33 PM GRADY FL License

QUESTIONS?

For Additional Assistance :
Please address all questions regarding CCQAS to include System Security, System Operation, Training, Functional and Technical issues, System Errors, USERID and Passwords, Access Issues and Recommendations to the MHS Help Desk, phone: 1-800-600-9332 (CONUS)